

**CITY OF DETROIT  
DENNIS W. ARCHER, MAYOR**

**HUD CONSOLIDATED PLAN**

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**CITY OF DETROIT  
PLANNING AND DEVELOPMENT DEPARTMENT**

**COMMUNITY DEVELOPMENT CONSOLIDATED PLAN**

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## **1. INTRODUCTION**

### **1.1. Purpose of plan**

### **1.2. Five year planning period**

The HUD Consolidated Plan is a planning document required by the U.S. Department of Housing and Urban Development (HUD). The City must prepare this plan to be eligible for funding from various HUD programs including the Community Development Block Grant (CDBG) program, the HOME Investment Partnership (HOME) program, the Emergency Shelter Grant (ESG) program, and the Housing Opportunities for Persons Living with AIDS (HOPWA) program. The HUD Consolidated Plan is designed to be a single integrated plan for identifying and meeting housing and community development needs.

This plan covers a five year planning period to begin July 1, 2000 and ends June 30, 2005. It includes an analysis of community development, housing, and homeless need, a conditions analysis, and strategies.

It also includes the 2000-2001 Action Plan. The Action Plan includes the 2000-2001 application requirements for the CDBG, HOME, ESG, and HOPWA programs, including a description of the activities to be funded in 2000-2001. A new Action Plan will be prepared for each year through 2004-2005.



## **2. HOUSING AND HOMELESS NEEDS ASSESSMENT**

### **OVERVIEW**

Due to the extreme poverty in the City of Detroit, the need for safe, decent, and affordable housing is an issue for many residents whether they are renters or homeowners, elderly or young, able-bodied or not, troubled with addictions, in ill health or have mental problems. Since 1995, the need to implement a strategic vision redeveloping Detroit's neighborhoods has been a major priority. The groundwork for Detroit's two housing strategy reports was laid using three important documents: 1. The Master Plan 2. The Land Use Task Force recommendations, and 3. The Community Reinvestment Strategy. Part 1 of the Housing Strategies was completed in July 1999 Part Two of the Housing Strategy is scheduled to be completed during the year 2000.

The City of Detroit's Master Plan document which was last amended and adopted in 1992, broadly details how land will be used within the City of Detroit. In 1995 Mayor Archer convened a 34-person Land Use Task Force to further examine the existing land use in the City and to make specific recommendations to assist the City in developing specific goals. Based upon recommendations from the Land Use Task Force the City of Detroit's Community Reinvestment Strategy (CRS) process was designed in 1996. The purpose of the CRS process was to translate the general guidelines and goals contained in the 1994 Land Use Task Force Report into specific strategies reflecting community concerns within ten sectors of the City called Neighborhood Clusters.

The CRS process generated ten community reports, each reflecting the needs and concerns of its community. Although each sector produced separate reports, there were several recommendations common to all cluster areas and related to the suggested direction of housing activities in the City. These common recommendations were:

1. Rehabilitate and preserve the existing housing stock.
2. Demolish vacant structures and control blight through the enforcement of the City of Detroit Building Code.
3. Accelerate new housing development and in-fill housing where feasible.
4. Give priority to affordable housing.
5. Expand housing repair financing options.
6. Develop relationships with organizations that can assist with special needs populations.
7. Maintain homeownership as a development priority.

In response to CRS recommendations, work began on a Housing Strategy in the Spring of 1999. In July 1999, Part 1 of the Housing Strategic was received by the Detroit City Council and outlined in the document Housing Detroit, Strategic Policies Part 1. The seven primary goals, used to set priorities are listed below.

1. Preserve the existing housing stock.
2. Encourage a wide variety of new construction activities.
3. Increase Housing Demand, Incomes and Tax Base
3. Increase the Proportion of Homeowners
5. Expand Housing Opportunities and Services designed for the Frail Senior, Special Needs, and Homeless Individuals and Families.
6. Link Housing Development with Expanding Employment Opportunities for Detroiters
7. Remove Blighting Influences

Part Two of the Housing Strategy is scheduled to be completed during the year 2000. Part Two will include an analysis of current program effectiveness. It will also identify any new programs needed to meet specific goals and objectives over a specified period of time.

## **2.1. Needs by income group**

### **2.1.1. Extremely low income**

### **2.1.2. Low income**

### **2.1.3. Moderate income**

### **2.1.4. Middle income families**

The need for safe, decent, and affordable housing is crucial for Detroit residents due to the high degree of poverty that permeates the City. According to the 1998 report City of Detroit Analysis of Impediments to Fair Housing Choice Prepared for the City of Detroit Planning and Development Department by Wayne State University, poverty is spread throughout the City. While Detroit has relatively few areas of heavily concentrated poverty (60-82 percent), areas with poverty concentrations ranging from 20 to 60 percent are widely distributed throughout the City.

As shown in the table below, according to the 1990 Census for the City of Detroit there are approximately 374,000 households. Of these households 242,307 or almost 65 percent are low to moderate income (0-80 percent of the MFI). The Fair Housing report states that one of the factors contributing to the relatively low income of Detroiters is the high proportion receiving public assistance and transfer payments. This report goes on to indicate that almost one quarter of all Detroit residents 23.7 percent received public assistance in 1985. By 1995 the proportion dropped to 18.3 percent, while there had been a two percentage point gain in the incidence of welfare

dependency.

**Table: Households by Income and Tenure:**

| <b>Income</b>                      | <b>Total Renters</b> | <b>Total Home Owners</b> | <b>Total Households</b> | <b>Cumulative Percent of Total</b> |
|------------------------------------|----------------------|--------------------------|-------------------------|------------------------------------|
| Low-Income<br>1.(0-30% MFI)        | 87,526               | 36,640                   | 124,166                 | 33.21                              |
| 2. (31-50% MFI)                    | 26,042               | 28,505                   | 54,547                  | 47.8                               |
| Moderate Income<br>1. (51-80% MFI) | 25,148               | 38,446                   | 63,594                  | 64.81                              |
| (81-95% MFI)                       | 9,115                | 17,091                   | 26,206                  | 64.88                              |
| Total Households*                  | 172,284              | 201,573                  | 373,857                 | 100.00                             |

Source: Data Extracted from HUD's 1990 Comprehensive Housing Affordability Strategy (CHAS) Data Book

\*Includes all income groups—including those above 95 percent MFI

Priority: Provision of affordable housing opportunities (rental and homeownership) at 80 percent MFI and below.

## **2.2. Needs by renters and owners**

The need for safe, decent, and affordable housing by Detroit renters and home owners is highlighted in the 1990 Census data. Census data indicates that Detroit residents with the lowest incomes are also those with the greatest number of housing problems. In addition to housing problems, these residents also have the highest cost burdens (percent of income spent on housing). In particular low-income renters (0-30% MFI) appear to be the most vulnerable household type showing the greatest amount of housing problems and the greatest number of people with 30 and 50 percent cost burdens<sup>1</sup>.

Of the City's 374,000 occupied housing units, 53 percent are owner-occupied and 47 percent are renter occupied. Among the households occupying rental units, 66 percent are low-income and 15 percent are moderate income renters. A total of about 80 percent fall into the low to moderate income range. As shown in the Income, Housing Problem and Tenure table below, a pattern

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<sup>1</sup>According to HUD a unit is considered affordable if it costs less than 30 percent of the renter's income; anything more is considered a cost burden

emerges within the renters category, those renters at the 0-30% MFI level had the greatest amount of people with housing problems at 82 percent. They also had the greatest cost burdens at 81 percent and 66 percent (for the 30 and 50 percent cost burden categories respectively). At the 31-50 % MFI level the problems decrease somewhat to 64 percent and the people with cost burdens are at 58 and 10 percent (for the greater than 30 and 50 percent categories respectively). Finally, at the moderate income level we see the housing problem category decrease to 24 percent and the people with cost burdens decreases to 15 and 0 percent ( for the greater than 30 and 50 percent cost burden categories respectively). This pattern of decreasing problems and cost burdens continues as income increases.

Among the home owner households 32 percent are low-income while 19 percent are of moderate income. A total of 51 percent fall into the low to moderate income range. While analyzing the home owner data we see a pattern for home owners similar to that of renters. Those home owners at the 0-30% MFI level had the greatest amount of housing problems at 74 percent. They also had the greatest amount of people with cost burdens at 72 percent and 49 percent (for the 30 and 50 percent cost burden categories respectively). At the 31-50 % MFI level the problems decrease to 38 percent and the people with cost burdens are at 35 and 8 percent (for the greater than 30 and 50 percent categories respectively). Finally, at the moderate income level the housing problem category decreases to 17 percent and the people with cost burdens decrease to 11 and 1 percent ( for the greater than 30 and 50 percent cost burden categories respectively). This pattern of decreasing problems and cost burdens continues as income increases.

When analyzing this data by household type (renter or home owner), it is renters at the lowest income levels that have the greatest amount of people with housing problems and the greatest housing cost burdens. For example, in the low-income renter category, people with housing problems are at 82 percent and cost burdens are at 81 and 66 percent (for the greater than 30 and 50 percent cost burden categories respectively) versus 74 percent for low-income homeowners with housing problems and cost burdens of 72, and 49 percent (for the greater than 30 and 50 percent cost burden categories respectively).

**Table: Households by Income, Housing Problem, and Tenure**

| <b>Income, and Housing Problem</b>        | <b>Renters</b> | <b>Home Owners</b> | <b>Total Households</b> |
|---|----------------|--------------------|-------------------------|
| <i>Low-Income</i><br>1.(0-30% MFI)        | 87,526         | 36,640             | 124,166                 |
| Percent with Housing Problems             | 82             | 74                 | 80                      |
| Cost Burden Greater than 30 Percent       | 81             | 72                 | 78                      |
| Cost Burden Greater than 50 Percent       | 66             | 49                 | 61                      |
| 2. (31-50% MFI)                           | 26,042         | 28,505             | 54,547                  |
| Percent with Housing Problems             | 64             | 38                 | 51                      |
| Cost Burden Greater than 30 Percent       | 58             | 35                 | 46                      |
| Cost Burden Greater than 50 Percent       | 10             | 8                  | 9                       |
| <i>Moderate Income</i><br>1. (51-80% MFI) | 25,148         | 38,446             | 63,594                  |
| Percent with Housing Problems             | 24             | 17                 | 20                      |
| Cost Burden Greater than 30 Percent       | 15             | 11                 | 13                      |
| Cost Burden Greater than 50 Percent       | 0              | 1                  | 1                       |
| Total Households*                         | 172,284        | 201,573            | 373,857                 |

Source: Data Extracted from HUD's 1990 Comprehensive Housing Affordability Strategy (CHAS) Data Book

\*Includes all income groups—including those above 95 percent MFI

Priority:

- In partnership with other entities, where feasible, increasing homeownership opportunities for people who currently rent.
- Increasing the availability of rental units at 80 percent MFI or below.
- Develop a program to bring substandard rental units to Section 8 HQS or City code.

### **2.3. Needs of elderly**

An important need of the elderly is, safe, decent, affordable housing. In addition to housing needs, the elderly also need supportive services to remain independent. According to the 1990 Census the percentage of Detroit residents 65 and older was 124,993 or 12.15 percent of the total. According to the State of Michigan Aging Services System (MASS), this percentage nationally is 12.5 percent and for the State of Michigan it is at 11.9 percent. According to MASS, in the year 2000 the projected number of people 65 and older should be fairly constant at around 12 percent. However, by the year 2020, it is estimated that the number of people 65 and over will represent approximately 16.6 percent of the population.

The report Impediments to Fair Housing Choice, 1998, indicated that a disproportionate number of elderly African Americans, Hispanics and other minorities lived in substandard housing. The study identified the lack of adequate and affordable housing in safe neighborhoods as the biggest barrier to decent, secure and affordable housing for elderly residents. According to the 1990 Census, 25.8 percent of elderly persons in Detroit indicated that they have difficulty paying for their home or apartment. Eighty percent (80 percent) reported considerable difficulty in making major home repairs. About 13 percent of the elderly population receive some form of government assistance to pay for housing. There is no reason to expect that the pattern of aging in Detroit will be different from that of the nation as a whole.

Among elderly Black people, Hispanics and other minorities, securing decent, safe and affordable housing is difficult. With few resources, they do not have the capability to repair their homes or to pay high utility bills and property maintenance expenses. Difficulty in maintaining homes and property taxes is a reality for older black homeowners and elderly populations in general. The lack of availability of adequate and affordable housing in safe neighborhoods generates one of the most pervasive problems of the elderly residing in the City of Detroit.

Housing represents the single greatest investment of resources for most families. For the elderly homeowner, it also represents his/her most valuable holding. For the elderly person who is also poor, it may be the only possession of value which represents the results of a lifetime of work and emotional investment. Retaining the home tends to become extremely important as an indicator of the ability to remain independent and takes precedence over other necessities. Fear of losing independence along with moving from the home is real. Therefore, the need for public attention to the provision of alternatives which provide a choice without surrendering independence prematurely is vital.

Another important trend during the 1990's affecting housing needs for the elderly is the role the elderly have in caring for their grandchildren. According to a 1997 Census Data Report entitled Co-

resident Grandparents and Their Grandchildren: Grandparent Maintained Families, Lynne M. Casper and Kenneth R. Bryson the number of American children living in a household maintained by a grandparent has increased by 76 percent nationwide. This trend is also occurring in Detroit according to representatives from the Detroit Area Agency on Aging (DAAA) and Adult Well Being Services.

Priorities:

- Increase the availability of funding to assist elderly persons to maintain their residences.
- Increase the supply of multi-family, and supportive housing available for elderly residents.

The needs of elderly Detroit residents are also dependent upon whether they are able to care for themselves. Housing needs for Seniors able to care for themselves involve home repair assistance (for homeowners) and more affordable rental units (for renters). These seniors also need information and referral, social/recreational activities, health promotion, transportation, and legal services.

However, seniors that are impaired have a range of needs depending on the severity of their impairments. Those seniors with low impairments need information/referral services, social/recreational services, health promotion, rehabilitative services, congregate meals, and escort/regular transportation. Moderately impaired seniors need case coordination and support, in-home services, adult day care, and escort transportation. The severely impaired need “Care Management”, in-home support, and escort transportation. The most severely impaired are institutionalized older adults--those that cannot care for themselves-- they need safe, decent and affordable nursing home or adult foster care.

The institutionalized elderly tend to be older adults who can not be cared for at home. They live in either nursing homes or adult foster care homes. According to DAAA’s Multi-Year Plan for 1998-2000, high risk elderly persons suffer from chronic debilitating physical conditions--such as heart disease, diabetes, and arthritis. Some have vision, hearing, and cognitive impairments that sharply affect their ability to carry out normal activities. These seniors make up about five to ten percent of DAAA’s population in region 1A that includes Detroit.

The moderately at-risk elderly are persons beginning to experience some losses in various aspects of their functional capacity, but are still able to live independently. They tend to be 75-80 years old and make up about 10-20 percent of DAAA’s population in region 1A.

The low or little impairment group includes persons functioning relatively well, but are probably experiencing at least one deficit related to their physical or mental health, social support or income status. They tend to be under age 75 and make up about 20-30 percent of DAAA’s population in region 1A. Those elderly with no impairment are persons functioning very well and lack impairments which affect their mental, social support, or functional status. They tend to be in their 60s and make up about 30-40 percent of DAAA’s population in region 1A.

### Barriers in Living Arrangements:

Almost all low-income seniors in Detroit face barriers in their living arrangements. Whether they are housed in nursing homes, are impaired and living in their own home or apartment, or live unimpaired in their own home or apartment, barriers exist.

According to officials from Citizens For Better Care (CFBC), seniors housed in nursing homes fare better when they have family ensuring they are receiving proper care. However, there may be a higher than normal need for long-term care facilities for the "old elderly" (those 75 years and older) whose families are unable to cope with their needs because of their own limited resources. The National Institute on Aging report states that most of seniors in long-term care facilities are persons without families.

According to officials from CFBC 5,370 nursing home beds are located in 40 state licensed nursing homes in the City of Detroit. About 89 percent of the 5,370 beds are occupied by seniors. CFBC staff act as the ombudsman for nursing home complaints. Even in state licensed facilities CFBC staff maintain that while some nursing homes are very good, others do the bare minimum to get by or adjust their regular business operations when it is time for an inspection. The CFBC receives state funding but needs more staff to investigate mismanagement and inadequate care allegations.

Senior care officials estimate that about 80 percent of Detroit seniors live in their own homes. While some seniors living in their own home or apartment are able to care for themselves, some cannot. According to an Adult Well Being Services official, seniors living in their own home, but who are unable to care for themselves, need in-home support. These services involve help with chores, meals, and escort transportation—taking the rider from doorstep to doorstep-- to medical and other appointments. An official from Adult Well Being stated that there are not enough volunteers or service organizations to supply these labor intensive type services. Further, low-income seniors simply are not able to pay for these services making it an unprofitable venture for entrepreneurs.

Whether able bodied or not, low/moderate income seniors living in single family dwellings are faced with the cost of maintenance and repairs on their homes. These seniors must sometimes choose between survival and home maintenance. Inevitably the maintenance is neglected and eventually the homes fall into disrepair. Officials from DAAA and Adult Well Being state that more rehabilitation dollars aimed at senior home repair would do much to keep seniors in their homes and keep the housing stock from falling into disrepair.

## **2.4 Needs of single persons**

According to the 1990 Census, of the 374,000 households, thirty percent (30 percent) are one person



households. In public housing the majority of single person households are senior citizens. In addition, there are a few handicapped single persons also residing in public housing units. A significant problem that is on the horizon for Detroit is the expiration of Project-Based Section 8 Certificates. This conversion of Project-Based units to market-rate housing will require landlords to seek alternative sources of financing to support these developments to preclude displacement of low-income families. It is estimated that the City of Detroit has as many as 10,000 units of Project Based assistance. It can be reasonably expected that many single persons, including the elderly, will be affected by this change.

It is the City's estimate, based on the point-in-time study conducted in January 2000, approximately 2,889 persons were sheltered on a daily basis. Analysis of bed usage by household type collected from the City's assisted shelters and of bed usage by household type percentage estimates available from shelters shows that about 72 percent of the sheltered homeless population are individuals and 16 percent are adult females. Of the unsheltered homeless population there is no data available from which to accurately estimate the size, demographics or subgroup composition, other than to state that the general perception is that this population consists predominantly of individuals, rather than families, and has increased since the elimination of the State General Assistance Program that had provided welfare payments, mainly to individuals.

#### Priorities

- Develop programs to facilitate the conversion of projects with existing Section 8 Project-Based Assistance to minimize displacement of low-income tenants.
- In partnership with other entities, develop programs to support the development of transitional housing facilities.

### **2.5. Needs of large families**

According to the City of Detroit's Analysis of Fair Housing Choice the City of Detroit has 44,500 large households, defined as households with five or more persons. This represents 23 percent of the 187,000 large households in the Detroit. Of this amount 27,400 are homeowners. Many of the larger homes in Detroit have been converted to multi-family use, blocking access to purchase by larger households. The relative costs of running a large household also make it difficult for these households to save enough for downpayments on their own house.

In the most recent accounting of the status of the public housing waiting list, 1,251 of the 4,047 requests on the list were for units for large families, three to six bedrooms. Of the total 9,007 units of public housing, 1,875 are three bedrooms or larger, a much smaller percentage than the waiting list would seem to indicate. In regard to Section 8 only 70 of the 689 certificates available for large family units. Three hundred and thirty-one of the 694 vouchers in use are allotted to large families, a considerably higher percentage than in the previous cases. There is a shortage of affordable housing.

## Priorities

- Support the construction and rehabilitation of single family housing affordable to families at 80% of MFI and below.
- Provide grants for downpayment assistance to encourage homeownership for families at 80% of MFI and below.

### **2.6. Needs of HIV/AIDS persons and families**

#### Magnitude of the Problem - HIV/AIDS

According to The Michigan Department of Community Health (MDCH), there are a estimated 12,500 people living with HIV/AIDS in the state. Of these 70 percent or 8,810 reside in Region 1 (Wayne, Oakland, Macomb, Monroe, Lapeer, and St. Clair Counties). Prevalence of HIV disease (all persons living with HIV infection or AIDS, whether diagnosed recently or years ago) is increasing because infected persons are living longer. The number of new infections is level at around 800 new cases annually, while the number of deaths dropped 60 percent between 1995 and 1997. If new cases do not decrease then prevalence will increase since more infected persons are living longer. With this trend, it is quickly apparent that quality housing needs will increase over the next five (5) years.

African-American males have an estimated number (4,370) of HIV/AIDS cases indicating the impact of the epidemic is greater on this demographic group. African-American females have the second highest estimated number (2,020) of cases of HIV/AIDS. Hispanic males have the third highest rate(388) and the fifth highest estimated number (160) of cases. White males have the fourth highest rate(168) and the second highest estimated number (2,530) of cases. Hispanic females have the fifth highest rate (120) and the lowest estimated number (50) of HIV/AIDS cases. White females have the lowest rate (21) and the fourth highest estimated number (340) of HIV/AIDS cases. African-Americans comprise the majority of those living with HIV/AIDS in Region 1 and have the highest prevalence rate among all racial/ethnic groups. African-Americans comprise 22 percent of the population of Region 1 yet they make up two-thirds of the cases of HIV/AIDS. MDCH estimates 6,270 African-Americans live with HIV/AIDS in this region for a rate of 668 per 100,000 population. It is estimated that as many as one out of 100 African-American males and one out of 250 African-American females may be HIV-infected.

According to the MDCH Epidemiological Profile of HIV/AIDS in Region 1; HIV/AIDS is very disproportionately represented. Only two of the six counties in the EMA-Wayne (including Detroit) and Oakland, house 75 percent of the population yet fully 93 percent of living HIV/AIDS cases. The City of Detroit, the largest city within the state, has 11 percent of the state's population yet 42 percent of the state's live HIV/AIDS cases. African-Americans, both male and female, continue to make up a disproportionate share of PLWH within the Detroit EMA. African-Americans comprise the majority of those living with HIV/AIDS in the Detroit EMA. They make up 23 percent of the population in the Detroit EMA yet they account for 68 percent of the live HIV/AIDS cases and 65 percent of the cumulative AIDS cases. African-American women with children among the most

vulnerable among the affected populations.

Many of the persons living with HIV and AIDS are renters who are often in unstable circumstances or have difficulty gaining access to adequate rental housing. Surveys conducted indicated 72 percent of HIV infected persons had unstable housing situations. The approximate length of stay for many of these individuals is three to six months in a particular housing situation. Many have insufficient resources for rent and utilities with rent averaging around \$300 per month. Out of 293 responses to questions relating to income, nearly 38 percent (113) reported a monthly income of less than \$500. This was followed by 14.5 percent (43) who reported no income. In addition, many persons needing HIV/AIDS services were homeless or at risk for homelessness.

People living with HIV/AIDS continue to face increasingly complex threats to their health and social well-being. Comprehensive housing services must address critical issues inclusive of diminishing financial resources, health and social services, available drug treatment programs, services for women with children, supportive housing stability services and interface between generic service providers and persons with HIV/AIDS.

#### Detroit EMA (Eligible Metropolitan Area) Overview - HIV/AIDS and Housing

Housing continues to be one of the most challenging and pervasive problems faced by persons living with HIV/AIDS in the Detroit area. It also is one of the most difficult services to access. As a result of Housing Opportunities for Persons with AIDS (HOPWA) funding which started in 1992, the continuum of housing services has expanded dramatically. In the Detroit Eligible Metropolitan Area (EMA), which includes Wayne, Oakland, Macomb, Monroe, St. Clair and Lapeer counties, HOPWA addresses the complex needs of persons living with HIV and AIDS by funding the following four service categories.

#### Housing Stability Program (Tenant Based Rental Assistance)

The Comprehensive Housing Program and the Housing Stability Programs are managed by Management Systems, Inc. Approximately 75 one-year rental certificates are issued to qualified applicants in the HSP Program. 100 are issued in the CHP Program. The housing certificate program is used to leverage Section 8 slots where possible. A stabilization training/technical assistance component is attached to this program to assure that those receiving assistance will have optimal opportunities to stabilize and enhance their housing situation. Educational workshops are held in the areas of budgeting, landlord-tenant relations, as well as other identified areas of need. Additional support will be given through the HIV/AIDS case management component.

#### Community Residences

Currently HOPWA funds nine community residences which provide congregate supportive housing for PWH with particular needs. Simon House provides a safe and supportive living environment for

women and children who are homeless and infected and/or affected by HIV/AIDS. Detroit Health Care for the Homeless provides shelter, respite care and supportive services for HIV+ males. Wellness House provides assisted living to low income adults with HIV (i.e. transportation, meal preparation, nutritional services, personal services, housekeeping and laundry). Management Systems, Inc. provide administration for rental assistance component of CHP and HSP programs through a one year certification as well as perform pre-occupancy inspection of units, determine contract rents, prepare leases, housing assistance payment contracts and issue checks to landlords and utility companies. AIDS Consortium of Southeast Michigan provide case management to Housing Stability Program clients inclusive of housing assessment with CareGivers, bi-monthly goal setting and follow-up with clients. AIDS Partnership Michigan collaborates with Management Systems, Inc. staff in the application and verification process as well as refer clients needing housing placement to the OLSHA housing specialist. CareGivers perform an initial housing stability screening for identified clients in conjunction with the Housing Stability Program (HSP) and make written recommendations to the case manager about specific issues for ongoing stabilization. Oakland Livingston Human Service Agency provide housing placement services to clients in Oakland, Lapeer and Macomb Counties including but not limited to housing intake and assessment; assistance in locating housing; identifying and inspecting independent living housing sites and identifying and developing a working relationship with Section 8 subsidized housing managers. Health Emergency Lifeline Program provides services for clients including direct financial assistance for housing stabilization, (i.e. rent, security deposit or mortgage payments for clients who are HIV positive). HELP also provide direct financial assistance for clients to restore or prevent utility shut-off (i.e. gas, water, electric or heating fuel) as well as provide furniture and household items to clients who have experienced a housing emergency.

### Emergency Assistance

As with other kinds of housing, emergency shelter for PWH/A must have the capacity to access other services as well as issues such as TB and substance abuse. In addition to beds, emergency shelter services for PWH/A must include outreach and service coordination to stabilize clients' housing. The HOPWA funded shelter program Detroit Health Care for the Homeless, works in conjunction with the HELP Program to provide clients with much needed services.

### Supportive Services

Supportive services focus on those areas which will stabilize and enhance a person's living situation. Emphasis is placed on areas of service not funded by the Ryan White Care Act. Home-based chore services, nursing services (in the community residences and shelter), housing advocacy and transportation are some examples of housing related programs funded under this category.

### Housing Needs Assessment

The continued need for quality housing for PWH/A has been documented through the HOPWA's HIV/AIDS service provider needs assessment and the HIV/AIDS case management systems. Detroit's HIV-Infected population, the at-risk population is becoming increasingly more low-

income, more minorities, more women and children which indicates a plan providing more household housing units is needed. FIA cuts have drastically reduced the income of some persons with HIV which directly affects their ability to acquire adequate housing. This action alone, makes them more vulnerable to housing problems related to low income.

Housing options that reflect an appropriate response policy that is sensible in its cost effectiveness but also maximizes the independence of the person through a continuum of housing. The concept of continuum of housing includes independent living with and without support services, emergency shelters, congregate supportive and supervised living (often for drug treatment), critical care, and hospice. This concept is an important cornerstone in Detroit's strategy for providing comprehensive client-centered housing services for persons with HIV and AIDS. Prior contact with providers indicated there were five very important living arrangements for persons with HIV/AIDS, they were:

- . Close to supportive services
- . Clean and sober environment
- . Close to family and friends
- . Near public transportation
- . Safe neighborhood

Unmet needs (i.e. affordable housing for all levels of care, quality housing that is safe, secure, clean, etc. special types of housing and housing for special populations) remain a concern. Special types of housing could include but are not limited to the following:

- . Nursing homes willing to service persons with HIV/AIDS
- . Permanent housing with services
- . Transitional housing with services
- . Residential hospice outside Detroit
- . Emergency housing for person with HIV/AIDS
- . Housing for adolescents and/or emancipated minors not in foster care

Special populations identified could include but are not limited to the following:

- . Women (with or without children)
- . Adolescents and/or emancipated minors
- . Persons with TB
- . Incarcerated offenders and/or ex-offenders
- . Persons with substance abuse histories
- . Current substance abusers
- . Persons with psychiatric diagnosis
- . Persons in advanced stages

Respondents repeatedly identified difficulty in locating safe, clean, affordable housing. Women

have related incidences of interacting with landlords which involved discrimination, rejection and offensive treatment. A common experience of indigent and low-income persons, the situation is magnified by HIV+ status.

### Representative Community Coordination and Strategy

Community coordination of HOPWA funds is assured through the representative body, Southeast Michigan HIV/AIDS Coordinating Council (SEMHAC) which monitors federal and state funds in the Detroit EMA, including Ryan White C.A.R.E. Act dollars, and private initiatives. Michigan Department of Public Health, HIV/AIDS Prevention and Intervention Section (MDPH/HAPIS) staff participate in SEMHAC giving input on the MDPH administered Title II (Continuum of care) monies as well as other issues. SEMHAC provides specific guidance through its active, ongoing committees, among them, Needs Assessment, Strategic Planning and Resource Development. SEMHAC also receives input and recommendations from community based service providers, public health department representatives and Persons Living with HIV/AIDS. Input has been elicited through numerous public hearings, written surveys, the housing needs assessment as well as the Ryan White Care Act Needs Assessment, and various HIV/AIDS service organizations.

Case management has proven to be key in providing comprehensive services, including housing, to the HIV population and their families. HOPWA funding is coordinated with the Ryan White Care Act funds by the Detroit Health Department to ensure a continuum of funding. HOPWA has also increased their collaboration throughout the Detroit EMA with private funding sources to enable providers to access other funding streams.

### Process and Method of Selection for HOPWA funding

For future funding, a Request for Proposal (RFP) process will be implemented. Along with new sponsors, it is planned that a significant portion of the allocation will be used for continuation funding of the programs selected in previous funding cycles. Continuation funding will stabilize and enhance HOPWA programs that are providing much needed services in the community. *Criteria for continuation funding* includes: (1) completion of a successful annual HUD site visit (2) compliance with all terms of the current contract for HOPWA funds and (3) documentation of a continued need for the designated service. *Criteria for expansion funding* includes (1) identification of gaps in services and ways in which the new funding will address those needs (2) collaboration and coordination with other agencies that results in shared responsibility and combined programming (3) cost effectiveness and elimination of duplication of services (4) creative/innovative services that produce direct and measurable results for the persons being served.

In addition, programs are evaluated in the following areas: (1) service capacity (2) client numbers and/or units of service (3) current funding status of program and efforts to secure new funding (4) degree to which service is accessible to entire EMA and (5) evaluation outcome of services currently being funded through HOPWA. Continuation grants and expansion grants will be awarded by the grantee (City of Detroit) based on the recommendation of the Detroit Health Department and the

SEMHAC Resource Development Committee.

### Expansion of Supportive and Educational Services for Adolescents and Young Adults

Supportive and educational services should remain an intricate part of the HOPWA Program. Previously, respondents described their need for a living environment which included teaching and/or counseling on life skills, parenting, inter-personal relationships and goal setting. However, this would require additional funding. Educational services could be incorporated by offering ABE and/or GED classes for individuals requesting same as well as first year college level classes for those already in the possession of a high school diploma or GED. Services such as this brings some normalcy to PWA/H's by allowing them to focus on personal academic goals that may have been part of their life's plan prior to becoming HIV positive. Continuation of the educational component is especially important to the adolescent whose academic process may have been interrupted. According to a 1997 report in Adolescent Medicine, State of the Art Review, 10 percent to 15 percent of adolescents are not in school. The report states "Academic failure and dropping out of school is associated with risk for homelessness, mental illness, addiction and a host of additional problems.....including HIV. The rate of HIV infection is higher among homeless youth than in the general U.S. Population. A New York City study in a facility for homeless and runaway youth found 5.3 percent to be HIV positive. Many homeless adolescents find that exchanging sex for food, clothing and shelter is their only chance of survival on the streets. In turn, homeless youth are at a greater risk of contracting AIDS or HIV related illnesses. It is estimated that at least half of all new HIV infections in the U.S. are among people under 25 and the majority of young people are infected sexually. In 1998, 52 percent of reported HIV infections among adolescent males aged 13 to 19 and 50 percent of cases among men aged 20 to 24 were attributed to male to male sexual contact. In 1998, among young women the same age, 47 percent were infected heterosexually and 14 percent were IDUs. HIV prevalence studies anonymously performed in four cities found a median HIV-positive rate of 2.3 percent for homeless persons under age 25 (Robertson, 1996)

### Special Housing Needs of the Prison Population

Prison inmates are 5 times more likely than non-inmates to have AIDS and 10 times more likely to have HIV. In 1997, an estimated 8,900 inmates had AIDS; about 18 percent of all AIDS cases nationwide and 35,000 to 47,000 more inmates were infected with HIV. As these inmates are released, adequate housing will be a top priority and possibly a condition of their parole or release agreement.

### As We Move Into The 21<sup>st</sup> Century - Summary Rationale for HOPWA Funds

The term "home is where the love is" holds very little meaning for those who have never experienced a stable shelter environment. Circumstances, whatever they may be, have prevented a certain segment of the population from enjoying the luxury of a stable home environment that offers all the securities so many of us take for granted. In this country, where people die just for the opportunity to live, many are living below poverty levels, without adequate health care, with very little food and nutrition and with little or no shelter. Add the threat of HIV/AIDS to the already

overwhelming statistics and we see an out of control epidemic that constantly claim new and vulnerable victims. The HIV population is a handicapped population with special needs. Because of the progressive, degenerative conditions associated with HIV, housing needs vary over time. Basically, the HIV/AIDS epidemic has changed its course and the at-risk population is becoming increasingly low income, minority, female and includes more injection drug users. All of these groups experience housing needs of an increasingly acute nature. Continued HOPWA funding will provide desperately needed services that are otherwise unavailable to persons living with HIV/AIDS. An April, 1999 fact sheet published by the National Coalition for the Homeless stated the; "Tragically, individuals with HIV/AIDS may die before they are able to receive housing assistance. Efforts to build HIV/AIDS housing often encounter chronic funding shortfalls, bureaucratic indifference and the stigma and fear of AIDS. Projects to create HIV/AIDS housing may fail because of local opposition by neighborhood and/or community groups". Clearly, lack of understanding as it relates to HIV/AIDS continues to hinder the movement for adequate housing for the affected populations.

It is estimated that 7,035 persons disabled and living with AIDS will be in the Detroit EMA by the year 2000, a third of whom, or 2,343 persons, will need housing. As of July 1, 1999, 203 units exist that are directly subsidized by Housing Opportunities for Persons With AIDS long term rental assistance. HOPWA staff has determined that if all current and planned resources are maintained, at least 859 new housing units will be needed in the Detroit EMA by the year 2000.

### The Importance of Dignity/Monitoring Our Progress

Obviously, continued education and awareness workshops will help eliminate some of the fears as it relates to HIV/AIDS. Unfortunately, we cannot change the minds of everyone and biased barriers will continue to play a major role in our attempts to service affected populations. However, we will continue in our quest to emphasize and advocate the importance of dignity and respect for the clients we serve. Clean, safe, adequate housing is not a privilege, but a right and we have an obligation to insure that right. Ongoing research, prevention education techniques and street outreach no doubt will make major impacts which will ultimately change the course of this deadly disease. Additionally, HOPWA staff continues to be supportive by participating in the Southeastern Michigan HIV/AIDS Care Council and its Needs Assessment Committee as well as the statewide HIV/AIDS Care Council (SHACC). These collaborations insure a strong partnership that will ultimately have a positive impact on the populations we service. Recognizing the number of persons involved in substance abuse and mental health issues is steadily increasing, HOPWA administrative staff continues to build working relationships with providers in the Detroit EMA to sensitize them to the special needs of our population and promote inclusion in currently existing programs. Our progress is indicated by the number of individuals receiving benefits from HOPWA funded sponsors and increasing number of sponsors willing to provide the services. Staff is consistently in a training/learning mode attending conferences and workshops that familiarize and update us on the latest legislation and policies as it relates to housing issues locally and nationally.

## **2.7. Needs of disabled**



Housing issues for the disabled also revolve around safe, decent, and affordable housing. According to a March 1999 report titled Priced Out in 1998, One of the fundamental barriers faced by people with disabilities in obtaining safe, decent housing is not having enough income. Currently, income and rental data suggest that low-income people with disabilities are priced out of every unsubsidized housing market in Michigan and Detroit.

As shown in the fair market rents table below, 1999 HUD Fair Market Rents in the state and Detroit for an efficiency apartment were \$374 and \$386 respectively.

| <b>Table: 1999 HUD Fair Market Rents by Number of Bedrooms</b> |             |            |            |              |             |
|--|-------------|------------|------------|--------------|-------------|
| <b>Location</b>  | <b>Zero</b> | <b>One</b> | <b>Two</b> | <b>Three</b> | <b>Four</b> |
| Michigan   | \$374       | \$472      | \$581      | \$736        | \$821       |
| Detroit, MI  | \$386       | \$525      | \$634      | \$793        | \$889       |

Source: National Low Income Housing Coalition, September 1999

Social Security's "Supplemental Security Income" (SSI)<sup>2</sup> provides individuals with a maximum monthly income totaling \$498 (\$5,976 annually). A household on SSI can afford monthly rent of no more than \$149 (30 percent of income). A minimum wage earner (\$10,712 annually) can afford monthly rent of no more than \$267.80 (30 percent of income). In fact 43 percent of all Michigan and Detroit renters are unable to afford HUD's Fair Market Rents.

In the May 1999 issue of Opening Doors, a disabled housing publication, states that many people with disabilities do not have enough income to be able to rent or buy decent housing without some type of financial assistance. While major barriers like stigma and housing discrimination exist and compound the problem, eliminating them still does not address the income problem.

There are currently very long waiting lists for existing, subsidized units that are both subsidized and barrier-free. Many units are barrier-free but not subsidized, therefore, severely limiting the housing choices of persons with disabilities and living on fixed or limited incomes. Research by the Great Lakes Center for Independent Living has found subsidized barrier-free housing has a wait time of up to two years. Among those on waiting lists are many persons who are capable and desirous of living independently who currently live in nursing homes.

The Center for Independent Living indicates there is evidence that the need is increasing. This increase may be due to several factors, but socio-economic factors such as income, race, the incidence of violence, and health conditions play a major role.

The high level of violence, increases the number of disabled Americans. For instance, the incidence

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<sup>2</sup>SSI is Supplemental Security Income. It pays monthly checks to people who are 65 or older, or blind, or have a disability and low-income.

of violence involving young black males produces disability (closed head injuries, spinal injuries, limb injuries, etc.) at a much higher rate than in the general population. Disability from birth is also a factor and occurs at a higher rate among blacks than among whites.

#### **Persons With Mental Health Problems.**

The mental health system has changed drastically in the state of Michigan. At one time state hospitals and centers were the primary residences for the mentally ill. As of October , 1998, the city of Detroit had lost two main arteries of housing of persons with mental health problems. ( Lafayette Clinic and Detroit Psychiatric Institute) The primary source of income for the persons with mental illness is Supplemental Security Income (SSI).The average income of a person with mental illness is approximately \$ 5170.00 per year.

The city of Detroit mental health agencies serviced approximately 45,000 persons last year, with an expected increase of five five percent annually. There has been a constant rise in the request for treatment of individuals with mental health problems. These services covered broad categories of supportive services to include out-patient treatment services, case management, day care service, and specialized residential services (foster care) in licensed homes with someone responsible for their supervision.

Housing problems have constantly been the major problem for these individuals. A lack of Section 8 certificates, long waiting lists for suitable housing and the availability of low cost housing rental units, which would allow these individuals to live independently is at a all time low. The growth rate for housing is expected to continue to rise. This has caused a increase of individuals requesting group home admissions. Without adequate care, these individuals end up in homeless shelters. A vast majority of the mentally ill have some sort of chemical dependency, therefore creating other problems in finding suitable housing. But, the homeless shelters definitely not a place for them.

The Detroit Wayne County Community Mental Health Agency has predicted a severe increase in the need of emergency services and clinical services for individuals with mental health problems. The agency also noted that if there was a increase in alternative services available, this would decrease the number of patients needing inpatient treatment.

The National Alliance for the Mentally Ill indicates the need for a full range of housing combined with supportive services. The service would allow for individuals being released from mental institutions to gradually be mainstreamed into becoming totally independent.

#### **Substance Abuse**

Substance abuse is a problem in the City of Detroit. According to Detroit Health Department officials, a minimum of 120,000 people have alcohol and drug related addictions. In its 1999 report entitled Detroit Profile: Alcohol, Tobacco & Other Drugs the Drug Strategies committee estimates that costs related to substance abuse in Detroit exceeds \$925 million annually. These costs include health care, treatment and prevention programs, traffic accidents, foster care and criminal justice

expenditures. Effectively solving the problems caused by substance abuse will require the concerted efforts of public and private sector resources.

According to the June, 1997 Position Paper of the Detroit Health Department's Bureau of Substance Abuse Managed Care Task Force, substance abuse is defined as a complex problem needing a myriad of solutions to be effective. The position paper describes the situation and the type of solutions needed: "Substance abuse and addiction are a chronic, progressive, relapsing disorder characterized by physical and psychological dependence on a chemical substance or multiple substances. Substance abusers and addicts usually experience increasingly debilitating or dysfunctional physical, social, financial and emotional effects. The causes of substance abuse are multifaceted and complex, involving interrelated physical, psychological, social and spiritual factors. Substance abuse behavior varies according to each individual's personality, genetic or chemical reactions to substances, background, mental condition, social circumstances and drug use experience. Because of the multiple root causes and individuals reaction to substances, treatments vary considerably based on each individual's social context and individual symptom".

The Drug Strategies report discusses priority areas requiring attention. These priority areas include: data gathering, collaboration and partnership, prevention, and treatment.

To combat the data gathering problem the Drug Strategies report suggests a more unified, regularly scheduled approach to data gathering. In addition it suggests using evaluation data to assess the effectiveness of interventions and comprehensive data collection of drug arrests and criminal offender residency.

To combat the collaboration problem, the report suggests that Health Department officials manage and share information throughout its agencies. The report also suggests a city-wide public agency working group to coordinate intervention efforts. The working group should also increase inter-and-intra-agency collaboration, and increase outreach to private sector partners.

The BSA Position Paper also identifies another collaboration problem in that, Michigan residents get substance abuse treatment services through a three tier system of private insurance, public Medicaid benefits and funds to care for indigent citizens. The result of the three tier system is a fragmented approach that limits access to treatment for many insured citizens and overburdens the system for indigent people. The answer lies in coordinating benefit levels and access under an efficient managed care system.

To aid prevention the report suggests an evaluation of current prevention programs. Currently the Michigan Department of Community Health is requiring all prevention programs to be based on research in order to receive public funding. To assist with this endeavor:

Detroit should track alcohol sales locations throughout the city.

The city should emphasize prevention for its most vulnerable citizens, such as children and adolescents

The public school system should implement teacher training to improve the consistency of implementation of the Michigan Model. In addition, students and parents should be educated about the dangers of inhalants.

Based on outcome evaluations, prevention programs that work best should be replicated and ineffective programs should be modified or eliminated.

Treatment in Detroit is scarce, currently about 7 percent of the city's addicts get treated. This is partially due to limited funding for the Bureau of Substance Abuse (BSA). To combat this problem the Profile report suggests that:

The Health Department should determine whether treatment funds are being used in the most efficient and effective manner.

BSA and private funding sources should require evaluation of local treatment programs.

Detroit's treatment programs should be research-based in order to receive public funding.

Emphasis should be put on the tobacco problem in Detroit. Detroit smoking rates are higher than statewide rates. To combat this problem, the city should expand and strengthen its existing tobacco control and prevention efforts. Private employers should continue to establish smoke-free workplaces.

## **2.8. Cost burden/severe cost burden**

See Section 2.2 for a discussion of cost burden and severe cost burden for renters and owners.

## **2.9. Overcrowding**

Despite the loss of population which would imply an increased availability of housing, there is still a significant over-crowding problem in Detroit. The 1990 Census indicates that 11,942 renter units are overcrowded and 7,303 owner occupied units are over-crowded. Undoubtedly much of the over-crowding problem is due to the serious poverty problem in Detroit. Many households can't afford the larger housing units needed for their members. This problem is especially severe for large families with young children.

## **2.10. Substandard housing**

Please refer to section 3.1.2. for information on needs related to substandard housing.

### 2.11. Racial and ethnic groups with disproportionate needs

The racial and ethnic breakdown of the Detroit population, according to the 1990 census shows:

| Race/Hisp. Origin           | Number    | Percent |
|-----------------------------|-----------|---------|
| White, non-Hispanic         | 212,278   | 22      |
| Black, non-Hispanic         | 774,529   | 75      |
| Other races (not Hispanic)  | 12,694    | 1       |
| Hispanic Origin (all races) | 28,473    | 2       |
| Total Population            | 1,027,974 | 100     |

One more statistic, important to discussion of this item, is the overall 33 percent poverty rate for the city of Detroit.

Obviously, the numbers of persons, or families in need will be highest among blacks in the population. There are, however, proportionately high levels of need, associated with poverty, within the smaller population groups. In the Hispanic and Chaldean communities, for instance, the incidence of problems (unemployment, poor housing, crime, teen pregnancies, lack of educational and recreational opportunity, teen gang behavior, family status, crime, housing, health care and transportation, lack of public services is high enough to be of concern to the whole community. The concern and the needs exist with the same intensity as the larger population groups.

### 2.12. Homeless needs

Evictions, domestic disputes, and substandard housing conditions were cited in Cruel Winter, Cruel Spring, as the leading immediate causes of homelessness, but underlying those precipitating factors are economic and personal crises. It is assumed that the general characteristics found in the homeless population are also to be found in the "at risk" population. Thus, a general profile of the at-risk population in Detroit would include predominantly young, black, individuals, and household heads of low income who hold low paying jobs or are unemployed and who have not finished high school. They are usually renters residing in substandard housing, but may also be the "homeless in a home" who are temporarily staying in the home of a friend or relative, or homeowners who cannot afford housing repairs or utility payments.

Special segments of the general population who exhibit all or some of the above characteristics may be most at risk. These include the low income frail elderly and physically handicapped, abused spouses and youth, youthful offenders, high school dropouts, pregnant teenagers, substance abusers, and those released from penal and mental institutions without adequate post-release follow-up.

Many low-income persons do not have insurance to cover losses due to illness, hospitalization, fire or accident. Such a loss can easily lead to homelessness, e.g., loss of a car may lead to loss of a job; extra medical costs can cause people to fall behind in mortgage, rent, or utility payments. Theft or loss of food stamps or public assistance checks can have the same effect. Bad plumbing fixtures, broken furnaces, or other housing deficiencies that either the landlord doesn't repair or the person cannot afford to fix can force people from their homes.

Often these people do not have money for the security deposit needed to rent another place. Some people are bad tenants and get evicted; others are illegally evicted by landlords for complaining too much about substandard conditions. Many evicted people eventually lose their furnishings and belongings because they have no place, or cannot afford to store them. People doubled-up with relatives or friends may wear out their welcome or become too much of a burden on the household of the relative or friend, especially if they have behavioral problems such as an addiction or mental illness.

Overcrowding of this nature also leads to domestic disputes. For some people, family and societal support mechanisms have totally disintegrated; they may be permanently alienated from family and friends due to substance abuse, criminal, or violent behavior, emotional problems, or mental illness. Those released from penal institutions, mental hospitals, or residential substance abuse treatment centers can easily end on the streets if they have no family to turn to, are without a job, job skills, or daily living skills and are not placed in affordable housing. Some may obtain part-time jobs, usually without any benefits, only to find they are laid off before they become eligible for unemployment benefits.

The needs of the at-risk population are both for short and long-term assistance. Early intervention with short-term financial assistance and counseling services can prevent some from becoming homeless. Emergency funds for such things as back rent and mortgage payments, security deposits, utility payments, medical bills and prescriptions, emergency housing repairs, clothing and food stamps can sometimes be enough to keep the person or family in a home of their own. Mediation of landlord/tenant disputes, education in landlord/tenant rights and responsibilities, mortgage foreclosure prevention, money management and debt counseling, mediation of domestic disputes, family counseling, spouse abuse counseling and legal services, and expedited placement in available public housing can help prevent homelessness. Pre-release actions to assure employment, income maintenance, placement in decent housing, and access to social services by penal institutions, mental hospitals, and substance abuse treatment centers before discharge, and post-release follow-up to assure a person can live independently, need to be instituted. Other needs of the at-risk population are long-term job training, educational and employment opportunities, substance abuse treatment, teen pregnancy prevention, high school dropout prevention, universal health insurance and increased availability of housing subsidies for low-income people. These longer term needs of the

at-risk population cannot be met without a substantial commitment by society at large to meet the needs of the poor.

#### Sheltered Population:

Through the 1990 Census reported a one day count of 1,255 homeless persons in shelters and 170 persons unsheltered, the City has opted not to use this information since the State of Michigan's elimination of the General Assistance welfare program in November, 1991 precipitated a substantial increase in Detroit's homeless population. Since 1995, in conjunction with the local Continuum of Care's Annual Needs Assessment, there is point-in-time information available. Information collected through a point-in-time survey conducted on January 5, 1999 under the auspices of the City of Detroit Department of Human Services revealed that on a daily basis approximately 5,309 persons are homeless in the City of Detroit service area. That figure translates to total about 26,000 persons who become homeless at least for some time during the year. About 2,200 beds (including emergency shelter, short term detoxification, substance abuse treatment and recuperation beds) and about 1,622 supportive housing units (transitional and shelter plus care) exist, leaving about 40 percent of the daily population with the substandard alternative of street living, "squatting" in abandoned buildings, or temporarily "doubling up" with friends or relatives.

The profile identifies the following characteristics of the homeless population: Family members constitute 26 percent of the total population. Substance abusers constitute 52 percent of the single individual population and 40 percent of family heads. The severely mentally ill, including those with dual diagnosis, are nine percent of the individual population and 18 percent of the family population. The dually diagnosed are 22 percent of individuals and 17 percent of the family population. Those fleeing domestic violence are four percent of single individuals and 18 percent of family heads. HIV/AIDS affects seven percent of individuals and four percent of family heads. Veterans are 24 percent of the total adult population, but less than one percent are family heads. About 98 percent of family heads are females. Homeless individuals and families who speak English as a second language are two percent of the total population. Data recently provided by the Wayne County Family Independence Agency, identified approximately 300 cases of pregnant or parenting teens who are homeless or who are at high risk of homelessness.

Since April 1993, in an effort to eliminate duplication from shelter counts, and to get better data on the characteristics of the sheltered homeless population, City assisted shelters have been required to submit demographic case information on all new admissions to shelters. The City of Detroit Department of Human Services is currently in the preliminary stages of identifying a new data base which will be used to analyze demographics and program accomplishments.

Demographics have remained fairly consistent over the last several years, based on information reported primarily by homeless service providers contracting with the City of Detroit. This data likely represents a fair sampling of the racial characteristics of the sheltered homeless population

in general. The data show that 90 percent of the new admissions to City assisted shelters are black, seven percent are white, two percent Hispanic and one percent all other races.

### Unsheltered Population

There is not data available with which to accurately estimate the size, demographics, or sub-group composition of the unsheltered homeless population, other than to state that the general perception is that this population consists predominantly of individuals, rather than families, and has increased since the elimination of the State General Assistance Program that had provided welfare payments, mainly to individuals. A survey done by the Michigan Department of Social Services, Termination of General Assistance: Report 33, Impacts on Local Service Providers in Wayne County (April, 1993) finds that 49.7 percent of service providers surveyed perceived an increased visibility of homeless persons living in cars, on the streets or in abandoned buildings. The Detroit/Wayne County Homeless Strategy Coalition, which has evolved into the current Detroit/Wayne County Homeless Action Network (HAN) published a study of homelessness in the Detroit/Wayne County community, Cruel Winter, Cruel Spring, in March, 1990 which found that only 2 percent of homeless persons with children reported living in abandoned structures. The City's new admission shelter case data show that only 3 families with children (out of more than 600 such family cases) reported living on the

streets before admission to shelter. Thus, it appears that the unsheltered population consists almost entirely of individuals rather than families.

### Facilities and Service Needs of Homeless Families and Individuals Outreach/Intake Facilities and Services

Outreach efforts in the community are necessary to identify the facilities and service needs of homeless families and individuals and to provide appropriate information to the homeless about how and where to access available services and facilities. Drop-in facilities, soup kitchens, hospitals, police and mobile canteens are often the initial contact points through which the homeless access temporary shelter and other services. Services needed to help the homeless get short term assistance are:

- Information dissemination to these initial contact points and to homeless persons about available emergency services;
- A central referral agency and network of organizations providing services for the homeless;
- Transportation to services sites;



- Immediate intake counseling to overcome barriers (e.g. lack of identification papers).

Though adequate facilities exist in the City to perform these functions, follow-up for shelter placement services and availability of transportation resources needed to be improved. The unsheltered street population is the most difficult to address. For various reasons some people disdain shelters, distrust social services and adopt a lifestyle of street living, some taking up residence on vacant lots or in abandoned buildings. However, this population still has basic needs. Life on the streets is particularly threatening to physical and mental health. Non-threatening outreach and drop-in programs with counselors trained to gain the trust of this population can be a positive step toward bringing some to abandon this lifestyle. At a minimum, the basics for hygiene and subsistence are needed.

### Outreach Services

The capacity to locate and provide outreach services and counseling for the unsheltered population needs substantial improvement.

### Emergency Shelter and Services:

The immediate need for homeless persons and families is to have a nighttime sleeping accommodation this is fit for human habitation, where basic human needs are met, until placement in a permanent residence is possible. Though average bed occupancy at Detroit emergency shelters (as of Dec., 1992) is estimated at 84.6 percent, from time to time shelters become overcrowded and must turn homeless persons away. It is evident emergency shelter and warming center services continue to be needed. Up-grading of some existing shelters for health and safety code compliance, and continued support for adequate staffing and maintenance at shelters is needed. Expansion of shelter space may be necessary should shelters become overcrowded on a regular basis.

Cruel Winter/Cruel Spring found that the homeless generally have few personal belongings, are of extremely low income and have poor health. Basic necessities of life - food, clothing and primary health care - must be provided at emergency shelters. However, basic necessities must be coupled with other services which address the underlying causes of homelessness to avoid "warehousing" people in shelter facilities. Services commonly needed to return the sheltered homeless to independent living, based on individual needs assessment, are: 1) advocacy for emergency public assistance -shelter vouchers, food stamps health benefits, social security and disability benefits; 2) counseling and referral for other problems, such as landlord/tenant rights and responsibilities, homemaking skills, substance abuse treatment, literacy training, money management, employment training, and job referral and 5) transportation.

Homeless families have additional service needs, Child care/day care services allow homeless parents to seek employment, housing and public assistance benefits. School attendance needs to be assured for homeless children of school age. Parenting skills training is often needed, especially for

single and teen parents. Many homeless families have become separated, either as a cause or consequence of homelessness. Children may have been placed in protective custody, in foster care, or with relatives. Reuniting homeless families may sometimes require legal assistance. Many homeless women are pregnant. Some are pregnant teenagers. Prenatal and medical services are essential.

Though most shelters in the City provide some level of supportive services, access to such services is uneven and improvement is needed in this area. Warehousing of homeless individuals in shelter facilities and "shelter hopping" have been recurring problems since supportive services are inadequate for this population. This is particularly so because public assistance is not available for homeless individuals after discharge from a shelter unless the person can prove that he or she has resources to maintain him/herself in affordable housing, or can provide evidence of disability.

A Detroit City Council Task Force developed an Emergency Shelter Ordinance which establishes standards for existing and future shelters. This ordinance, which was adopted November 16, 1994, and amended April 26, 1995, addresses many key components of shelter operations, including access, staffing and training, space and security, minor residents, fire safety requirements, health, hygiene and sanitation, and house rules.

#### Transitional Housing:

Many homeless persons do successfully make the move from emergency shelter directly to living independently again in their own home. However, underlying causes of homelessness cannot be adequately addressed for many homeless individuals and families in a short term shelter setting and homelessness may recur even after permanent housing placement is accomplished. Inadequacy of income maintenance capacity and household living resources (food, household goods/furnishings, clothing, aftercare counseling) are problems for most of the homeless. Some homeless persons need to make substantial progress to resolve other problems, e.g. illiteracy, drug/alcohol addiction, inadequate life skills, before they can successfully transition to independent living. Transitional living facilities, whether group living arrangements, apartment style units, or scattered sites with aftercare services provided, can address these needs. Intensive case management along with employment assistance and other supportive services can work to help homeless persons permanently get back on their feet. Some individuals and families need only the time to save enough money to cushion them from another crisis. Others, such as pregnant women, the chronically mentally ill substance abusers, homeless youth, and victims of domestic violence need more intensive help and assistance to solve, or at least ameliorate, their problems. 578 units of transitional housing are identified, but many more transitional living units and increased aftercare services are needed in the City.

#### Permanent Affordable Housing:

A study, A Place to Call Home, found that, in 1985, the number of renters with incomes below \$10,000 in the City of Detroit was 107,000, but the number of units renting for less than \$250/month was just over 63,000. The shortage of affordable housing found in 1985 prevails to this day. The need for permanent, affordable housing for the homeless mirrors that of the low income population in general and ranges from ordinary apartments and single family homes to boarding facilities or single room apartments. However, many of the homeless need permanent housing coupled with short term follow-up supportive services after their discharge from shelters to assure they remain independent and do not again become homeless. Housing rent subsidies, and access to public housing units, are inadequate and availability needs to be increased for homeless families and individuals. A substantial number of single room occupancy hotels in the City have been abandoned. Rent subsidies for, and rehabilitation of, SRO facilities and/or development of new, subsidized SRO facilities, particularly by nonprofit organizations, would significantly address the affordable housing needs of many homeless individuals.

#### Sub-populations:

The percentage breakouts or estimates of sub-populations of the homeless are detailed in the section on Sheltered Populations. The following facility and service needs assessment is based on general information obtained from existing model programs and knowledgeable service providers, but is not an attempt to estimate the extent or relative need for facilities for specific sub-populations. In order not to be unduly repetitive, only facility and service needs unique to the specific sub-population are described. The reader is asked to assume that the above discussions regarding outreach, emergency shelter and services, transitional housing and permanent affordable housing also apply to the respective sub-populations.

#### Severely Mentally Ill:

Most homeless people show signs of depression, but some unknown percentage (estimates have ranged from 8 to 33 percent) of the homeless are severely mentally ill. Shelter providers find this condition regularly among their clients. Special needs of the mentally ill homeless include professional diagnosis and mental health counseling, monitoring to assure prescribed medication is taken and used properly, and transportation to community mental health services. An assessment of each person's ability to live independently must be ascertained before discharge from a temporary shelter. Such services need to be made more accessible to all shelter providers and shelter staff need to be better trained in how to deal with the severely mentally ill, some of whom are violent. Better communication and coordination between shelters, mental health service providers and the Detroit/Wayne County Community Mental Health Board would assist in identifying and addressing the housing and service needs of the severely mentally ill homeless and the staff training needs of shelters. Depending upon the severity of the condition, some homeless persons may need placement in supervised group homes or licensed, safe and sanitary adult foster care homes, while others may need to be hospitalized. Transitional programs which provide instruction in daily living skills can help many of the chronically mentally ill return to independent living. Services dealing with instruction in money management and budgeting, cooking, grocery shopping, proper use of medication, how to use public transportation, housekeeping skills and where to find help and support

groups, along with aftercare monitoring by a community mental health agency have been found effective. One 8 unit transitional program, and one 20 unit permanent housing for the handicapped facility of this nature exist in southwest Detroit. Expansion of this model to other geographic areas may be considered for those mentally ill homeless identified as capable of independent living. Severely mentally ill persons may also benefit from placement in single room occupancy housing/hotels that provide professional nursing and supportive services such as transportation, meals and medication monitoring.

#### Alcohol/Drug Addicted:

38 percent of homeless persons surveyed in the Cruel Winter, Cruel Spring study admitted that they had a substance abuse problem. Estimates from service providers are that homeless persons in this category range from 40 percent to 90 percent of their clientele. Detroit shelter providers report that not only adult males, but also a significant number of homeless women and youth have substance abuse problems and that the incidence of cocaine and heroin use among clients is on the rise. Detoxification and substance abuse treatment programs, particularly from alcoholism, have long been recognized as necessities and are the major focus of organizations which operate male only shelters.

Because treatment for substance abuse may take as long as 6 months, general population, domestic violence and youth shelters do not have these programs on site, though access to AA or NA meeting is usually provided. It should be noted that use of alcohol or drugs on the premises is grounds for expulsion from all Detroit emergency shelters and a portion of the homeless population has been "yellow-tagged", or permanently banned from shelter admittance, because of refusal to comply with this rule. Though referrals for substance abuse treatment are provided at emergency shelters, there are long waiting lists at public and private facilities which treat low income people. Some shelters indicate that Detroit Health Department central intake assessment process, needed for admission to treatment programs, is too slow and needs improvement. Further, there is a shortage of facilities that treat women, and facilities that allow women to bring their children with them while in treatment are few. Because many homeless women are pregnant and substance abusers, it is likely that their infants may also be addicted at birth or may be HIV positive. Exposure to the AIDS virus is also on the increase among intravenous drug users.

Because many homeless people have multiple problems, general population residential substance abuse treatment programs cannot address all of their needs. Transitional group living facilities targeted to specific homeless groups, e.g. pregnant women, single parents, youth, HIV positive persons, and which can provide substance abuse treatment as necessary, are needed. In addition, for discharged persons trying to remain drug or alcohol free, placement in permanent housing in an environment where drugs and alcohol are not readily attainable, or where usage is not condoned among peers, is advisable to prevent recurring addiction and homelessness. Aftercare visits by counselors and availability of support groups, single room occupancy arrangements with supportive

services, and supervised living arrangements for chronic substance abusers, would help maintain sobriety and independence.

#### Severely mentally/ill drug addicted:

Some homeless people who are severely mentally ill are also substance abusers. A major problem exists just to identify such people, as some may be violent or be identified as recalcitrant substance abusers and be "yellow tagged" from shelters. Drop in centers and warming centers seem to be the service providers that report seeing this subgroup most often. Identification of such persons and provision of services at drop in centers to address both the problems of mental illness and substance abuse are needs unique to this population.

#### Fleeing Domestic Violence:

The myth that 90 percent of the domestic violence cases arise from low esteem, low-income submissive, and dependent individuals is just that, a myth. Domestic violence occurs in every social, economic, cultural and educational group. Reports indicate that domestic violence occurs in 95 percent of the households and in at least 50 percent of all marriages in the United States. Over 4,000 women die each year in America as the result of domestic violence. Last year alone, the City of Detroit Domestic Violence Unit reported over 18,000 domestic violence cases. The Michigan Crime Report of 1997 reported 44,138 domestic violence crimes. These statistics include offences as serious as murder, stalking, kidnaping, sexual assault, and robbery. Victims of domestic violence only represent a small number of cases reported, since it is the single most unreported crime in the United States, and women are the most frequent victims. The single greatest cause of injury to women is battery. This exceeds all rapes, muggings, and auto accidents. Domestic violence can destroy a woman's self-esteem and self-confidence. In many cases, the children have also been abused. The effects on children in a home where domestic violence is present can be devastating both mentally and physically.

Legal actions are major tools used to stop abusive situations- prosecution of the abuser, court injunctions and restraining orders, divorce proceedings, child support and TANF (Temporary Assistance to Needy Families) claims. Free legal assistance is a necessity in most cases. Child care/day care and educational services for older youth need be provided at the shelter site to maintain protection from the abuser. Counseling for traumatized women and children, assertiveness training, parenting classes, support groups to raise self esteem and employment counseling and training are also common special services needs.

While most see domestic violence as being between a husband and wife or girlfriend and boyfriend, domestic violence includes daughters and mothers, sisters and brothers, sons and fathers. It is the belief that domestic violence is rooted in a sexist social structure that produces profound inequities in roles, relationships, resources, and power distribution between women and men in families. Domestic violence is damaging to those individuals directly involved and to society as a whole. It

is a criminal conduct and one that should not be tolerated. Prevention through education, advocacy and appropriated intervention is the ultimate goal. All victims should be provided safety and treated with dignity and respect.

Over the past 5 years, there has been a significant rise in abuse on the elderly. In 1999, 150 seniors were victims of domestic violence by a son, daughter, or other family member.

Currently the City of Detroit has only two domestic violence shelters. There are approximately 121 beds available for person residing within the City of Detroit. Due to the shortage of beds many individuals and families fleeing domestic violence are often found in other shelter without security. With domestic violence not being the primary concern of the shelter. The two domestic violence shelters, within the City of Detroit, regularly operated at capacity.

The Interim House a domestic violence shelter within the City of Detroit has been awarded \$350,000 from the State of Michigan to provide transitional housing for ten families. My Sister's Place was also awarded \$200,000 to provide additional assistance for individuals of domestic violence.

#### Homeless Youth:

Where Are They Tonight?, A Study of Homeless Youth in Metropolitan Detroit (Nov., 1989) prepared by United Community Services includes a profile of homeless youth in the Detroit area. Homeless youth are pregnant or teen parents, ex-offenders, delinquents, foster care graduated and the emotionally disturbed. A high percentage of homeless youth have been physically or sexually abused. Homeless youth are usually older (age 17) than runaway youth age 15). Almost all homeless youth are high school drop outs and the incidence of malnutrition, infectious diseases, including sexually transmitted diseases, and substance abuse is common. Such youth are at high risk of exposure to the AIDS virus. The main source of income for homeless youth is from illegal activity - theft, prostitution, pornography or drugs. Accessing services is in itself a problem for homeless youth, particularly those ages 17-20, since they are often turned away from programs, such as general shelters, substance abuse treatment centers, mental health clinics, and prenatal programs, because of their status as minors and /or their lack of health insurance or public assistance benefits.

Successful program models for homeless youth are transitional living situations, whether community living programs or group homes. Most such programs require that the youth become emancipated. Transitional living models support youth for up to six months and provide them with life skills necessary to live independently, including counseling to develop self-esteem, tutoring, peer support groups, and daily living practice. Youth are required to find jobs and work while residing in transitional programs. Aftercare to monitor the youth's progress after discharge is essential, especially for teenage parents.

The four Detroit area community based teen-birth programs have waiting lists of two to four months for admission. Under the leadership of the Wayne County FIA, a consortium of youth provider organizations are partnering to develop more than 130 units of transitional housing for pregnant and

parenting teens who are homeless due to welfare reform requirements. The partners also interact to coordinate supportive services and permanent housing placements. The partners work together to coordinate cases, determine appropriate policy, solve issues and problems as they arise, and to obtain additional resources for the collaborative to address needs effectively. The group meets regularly to evaluate its operations.

## **2.14. Needs of public housing residents**

The mission of public housing is to provide safe, decent, sanitary, affordable housing and living environments to persons who have very limited incomes and are, therefore, unable either to rent or purchase lodging without assistance. The Detroit Housing Commission provides this housing through housing developments and the Section 8 program.

The provision of housing does not remove all of the barriers to affordable housing for individuals and families living on very limited incomes.

Residents of public housing are by selection very low income. However, their other demographic characteristics are not different to any significant degree, from those with similar incomes but living in other kinds of housing. They are individuals, families, unrelated households, senior citizens, employed, unemployed. The fact that households with very low incomes are living in very dense housing complexes creates some problems which may not exist for those living in less demanding surroundings. Therefore, inadequate income is generally as much a problem for public housing residents as for others with low income.

The dense population requires the kinds of every day contacts which can be, to some extent, either sought or avoided in other housing development patterns. The public housing complexes are "communities" unto themselves, some time to the exclusion of the larger surrounding community. The number, lay-out and design of units dictate a set of norms which differ in content from one grouping to another. Fourteen story buildings and row houses or garden apartments have different kinds of problems related to the environment (e/g. non-working elevators, ground level security, being able to watch children playing outside, getting deliveries, hall-way security, etc.) The physical characteristics of the developments, therefore, also influence the nature of the problems which must be solved if a safe living environment is to be achieved.

The nature of the grouping of households in public housing developments imposes both constraints and opportunities which may not exist in other kinds of housing.

Conflicts in interpersonal and intergroup relationships must be dealt with in situations where households of persons are brought together primarily because they are in need of low cost housing. Some effective way of establishing an atmosphere which discourages crime and other illegal activity (such as drug use and traffic); encourages positive community influence on group and individual behavior; encourages recreational opportunities; encourages a positive regard for a high

quality of education at all ages; provides maintenance which encourages tenants to use the housing with care and respect; a means of resolving disputes when they are not resolved privately are all outstanding needs in public housing communities just as they are in other communities.

Lastly, the public housing residents are frequently unemployed or under-employed and without marketable skills. Activity which corrects this condition to the greatest extent possible is a major need which must be addressed. Just as the mere provision of a housing unit does not solve the total housing problem, the lowest level of employment does not solve the poverty problem. Many residents will only be able to improve their lot and move on to permanent independence if other kinds of assistance are combined with the provision of lodging.

The public housing individual, household and community needs require a comprehensive approach if the desired ends are to be met. The Detroit Housing Commission's programs are being designed to meet the following needs:

- Involvement and active participation in decision making concerning their communities and the rules which govern their harmonious living in those communities.
- Security services and building facilities that do make it possible for residents to feel secure on the grounds of the housing developments as well as inside the halls, elevators and dwellings.
- Effective presence of social and support services
- Economic development opportunities and assistance

## **2.15. Lead based paint hazards**

According to the 1990 U. S. census, 97.4 percent of the City of Detroit's 410,027 housing units were built while lead-based paint was still available in retail outlets and widely used. It is also estimated that 10,492 units were built between 1980 and 1990, after lead-based paint was removed from the market. An additional 74,395 units were built prior to 1980 and are likely to be lead free, based on an estimation method developed by a study for HUD. This housing, totaling 84,887 units or 21 percent of all residential properties, represent the City's current supply of lead free premises.

Much of the lead-free housing is neither affordable nor accessible for low and very low income families with young children. Only 316 public housing units designed for families with children were built during the 1980's. The remainder of the post-1979 public housing units were developed under Sections 202 and 211 of the Housing Act and are restricted to senior citizens and handicapped persons. Other significant new housing developments exclusively target the middle and upper end of the housing market.



It is possible to estimate the number of pre-1980 housing units painted with lead-based paint by using a method developed on the basis of the results of a national survey conducted for HUD. As the table below shows, the estimates are based on the year of construction.

**TABLE 1: DETROIT HOUSING UNITS WITH LEAD BASED PAINT**

| <b>YEAR OF CONSTRUCTION</b> | <b>NUMBER OF HOUSING UNITS WITH LEAD BASED PAINT (+- 10%)</b> | <b>PERCENT OF HOUSING UNITS WITH LEAD BASED PAINT</b> | <b>ESTIMATE OF DETROIT HOUSING</b> |
|-----------------------------|---|---|------------------------------------|
| PRE-1940                    | 146,749   | 90  | 132,074                            |
| 1940-1959                   | 201,882   | 80  | 161,506                            |
| 1960-1979                   | 50,905  | 62  | 31,561                             |
| <b>TOTALS</b>               | <b>399,536</b>  | <b>81</b>   | <b>325,142</b>                     |

Source: Information Extracted from 1990 U.S. Census Data

Approximately 79 percent, or 325,141 units of the City's total housing stock have some surfaces painted with lead-based paint. It can be estimated that very low income households occupy 251,824 of these units, or 77 percent of the total housing with lead-based paint. An additional 12 percent, or 39,207 units, are occupied by other low income households.

In order to estimate which of the 325,141 housing units with lead-based paint contain hazards, information on household income, tenure status (rental property or owner-occupied), and data from the Detroit Health Department have been used.

Michigan is the second in the nation with elevated lead poisoning cases. In the City of Detroit approximately 24 percent of the children tested (26,000) for lead poisoning were found to have elevated levels of over 10 Blood Lead Levels (BLL) in their systems. Of the 24 percent tested, 806 had levels exceeding 20 BLL. There were 58 children hospitalized for severe lead poisoning in 1998. Statistics also show that 1 in 5 children in the City of Detroit tested positive for lead poisoning.

It has been the experience of the Detroit Health Department's Lead Poisoning Prevention and Control Program that about 85 percent of the housing of lead poisoned children contain lead-based paint hazards. The hazards almost always involve lead-based paint which is peeling or otherwise damaged or deteriorated, but they may also include lead-based paint on friction surfaces such as windows, impact surfaces such as doors or floors, or chewable surfaces such as window sills or banisters. Hazards have also been created when units undergo renovations which disturb painted surfaces.

The total number of housing units with lead-based paint hazards in the City of Detroit will be somewhat less than the 85 percent rate experienced by the Lead Poisoning Prevention and Control

Program. While the program's range is city-wide, and in the past five years, lead-based paint hazard investigations have been conducted in 247 of the City's 321 census tracts, lead poisoning cases are not evenly distributed throughout the city. They tend to be concentrated in particular neighborhoods on the City's east side. This suggests that a higher proportion of the housing units in these areas of the city have lead-based paint hazards.

Household income data and information on household tenure from the 1990 U. S. census are another means of estimating the number of housing units with lead-based paint hazards. Rental housing occupied by low income residents and owner-occupied units of very low income households are the most likely to be at risk for hazards due to deterioration and neglect. According to Table 2 of the CHAS Databook, 100,956 units, or 25 percent of all housing with lead-based paint, are occupied by very low income renter households. Seven percent, or 29,567 of the total housing units painted with lead-based paint, are rented by other low income households.

An additional 150,868 units are owner-occupied and very low income and appear to have lead hazards. It is the Lead Program's experience that this housing is also frequently hazardous because the owner occupant lacks the resources for necessary repairs and can not qualify for home rehabilitation loans from private lending sources to maintain the property. In addition, local financial institutions are reluctant to make rental-rehabilitation loans available for properties that have environmental issues, such as lead, associated with them.

The sum of these three categories, low and very low income rental households and very low income owner-occupied households, total 281,391 housing units, or 69 percent of the City's total housing stock. This is the total estimated number of housing units with lead-based paint hazards. Given the age of the City's housing, the extent of the poverty among the population, and the field experience of the Detroit Health Department, this appears to be a reasonable estimate. Most of the households in the east side neighborhoods with the highest concentration of lead poisoning cases are captured by these three categories.

**TABLE 2: DETROIT HOUSING UNITS WITH LEAD-BASED PAINT HAZARDS BY HOUSEHOLD INCOME AND TENURE**

| <b>TENURE</b>      | <b>OTHER LOW INCOME</b> | <b>VERY LOW INCOME</b> | <b>TOTALS</b> |
|--------------------|-------------------------|------------------------|---------------|
| RENTER             | 29,567                  | 100,956                | 130,523       |
| OWNER-<br>OCCUPIED | 0                       | 150,868                | 150,868       |
| TOTALS             | 29,567                  | 251,824                | 281,391       |

Source: Information Extracted from 1990 U.S. Census Data

New Lead Based Paint Regulations

Beginning September 15, 2000 the City of Detroit and all municipalities that receive Federal funds for housing activities will have to comply with new Federal regulations for lead testing and abatement. Prior to this time, the need for testing and abatement was determined by whether there was a child who was under the age of six residing in the household. Although dealing with children who have lead poisoning is still a priority, with the implementation of the new regulations, all programs which deal with home repair activity will be affected.

The implementation of the new regulations will not be a simple matter in Detroit. A preliminary review of the Regulations has indicated that when home repair activities are less than \$5,000 no further abatement need be considered. However, due the age of the housing stock in Detroit, and deferred maintenance problems, almost all home repair programs currently in operation, exceed this \$5,000 limit. With an investment of between \$5,000 and \$25,000, the house must be evaluated for the presence of lead, by a certified lead specialist, and if lead is present must be abated by a contractor certified to perform lead removal. Paint chipping can be caused by a leaking roof that

damages the interior plaster of a home, the removal of deteriorated windows or removal of damaged tile on a floor. These are examples of some of the most common type of repairs done in the home repair programs at the present time, which may have to be reduced or amended if lead is found to be present. In addition, typical issues such as electrical, plumbing and heating, which are key to health and safety, may not be completed given anticipated shortages in funding, based on the lead requirements. Finally, because repairs are expected to be more extensive, more costly, and contractor capacity limited, it can be anticipated that the number of houses that can be repaired will be sharply reduced.

The City of Detroit did receive a \$5.9 million grant to combat the high levels of lead poisoning which is currently being administered by the Detroit Housing Commission. Experience in this program has shown that the average cost of lead abatement is between \$10,000-\$16,000. However, this does not include the other home repair issues that must be resolved to deal with the many health and safety issues that also exist in these homes, which experience has shown can cost up to \$15,000 to correct. Therefore, at this time it appears reasonable to assume that the cost to deal with the lead issues as well as the other repair issues may escalate the cost of a home repair grant from the \$15,000 range to approximately \$30,000. No new funding has been allocated from HUD at this time to deal with the additional cost of lead abatement.

#### Lead Abatement Plan

It is still too early to tell the full impact of the Lead-Based Regulations on the City of Detroit's housing programs. However, in preparation for the September 15, 2000 compliance schedule, the following activities have begun or are planned:

#### Training

Rehabilitation Specialists and Supervisors have been trained and accredited as Lead Inspectors and Risk Assessors by the Tillotson Environment Occupational Consulting firm which is licensed by the State of Michigan and the Environmental Protection Agency to perform such services. This training will allow the Rehabilitation Specialists to continue to write the specifications once a report on the lead hazard has been received.

Training for the contractors who participate in the City of Detroit programs is being arranged to try to increase the pool of contractors able to perform lead abatement work

#### Contractor Recruitment

It has been determined that, due to liability issues, risk assessment on properties would be done by certified specialists not employed with the city of Detroit. A Request for Qualifications to solicit a Lead Tester, Risk Assessor and Lead Abatement Contractors as well as an expert in relocation has been completed

#### Program Development and Design

Staff have attended conferences in Chicago, Philadelphia, Boston, and Lansing to try to assess how the regulations would affect programs currently in operation in the City of Detroit. Once training is completed, programs will be amended to incorporate the new requirements.

#### Community Outreach

The current system for allocating funds for home repair activities in Detroit consists of awarding these funds to approximately 50 community groups on an annual basis in sums of \$100,000 or less. Under the old regulations, a community group could hope to repair six homes in their communities. Under the new regulations, this number may be cut in half as the emphasis is placed on lead abatement. Community groups will have to be educated on how the regulations affect their ability to address home repair issues in their community. This will occur prior to the September 15, 2000 implementation date.

#### Funding

As stated earlier, no new funding was made available to implement the new regulations. However, the City is investigating applying for funds offered by HUD for Lead Abatement in May 2000 to defray some of the costs for the program.

### **3. HOUSING MARKET ANALYSIS**

#### **3.1. General characteristics**

##### **3.1.1. Supply and demand**

##### **3.1.2. Condition**

##### **3.1.3. Cost**

##### **3.1.4. Areas of concentration of racial and ethnic minorities**

##### **3.1.5. Areas of concentration of low income families**

The total population of the City of Detroit has declined over the past two decades from 1.514 million in 1970 to 1.028 million people in 1990. It appears, however, that the rate of population loss has slowed. Between 1970 and 1980, Detroit lost 310,700 people, or about 20 percent of the 1970 total. However, in the following decade, 1980 to 1990, Detroit had 175,000 fewer people, or a 15 percent population decline.

The total housing stock of Detroit has also declined over the past two decades, although not as rapidly as population. Between 1970 and 1980, the total year-round housing units declined from 529,000 to 471,000 or -11 percent while occupied housing units declined by -13 percent from 497,700 to 433,500 units. During the decade from 1980 to 1990, total year-round units declined by -13 percent (from 471,000 to 410,000 units) while occupied housing units declined -14 percent during this same period (from 433,500 to 374,000 units).

The general trend for the past 20 years in both net population and net housing stock is downward in Detroit. The numbers suggest that the population per household continues to decrease. Moreover, there was a rise in vacant units between 1970 and 1980. This number of vacant units has declined somewhat between 1980 and 1990; however, the percentage of vacant units has increased because the total number of housing units has decreased. The 1990 Census found about 36,000 vacant units in Detroit.

#### **Housing Types**

Single-family home ownership has a long tradition in the City of Detroit and Detroit's developers and builders have accommodated this tradition. The number of single-unit detached dwellings was 244,290 in 1990, or about 61 percent of all housing units in the City. There were 89,000 units in duplexes or flats and 69,000 units in garden apartments and large apartments or condominiums. The proportion of housing stock located in two- to four-family structures, also called small multiples, makes up 22 percent of Detroit's 1990 housing stock. Many of these two-family flats are constructed in a manner to make them almost impossible to distinguish visually from a single-family dwelling.

Comparing the 1980 and 1990 Censuses, the relative proportion of all housing units in single-family detached structures increased from 57 percent to 61 percent, while the proportion of units in large structures decreased from 19 percent to 17 percent.

#### **Age of Housing Structures in Detroit**

The housing stock of Detroit now averages over 53 years old. The 1985 American Housing Survey for Detroit found that the median year-built for housing in the City was 1938. The table below shows the approximate number of occupied housing units built during each specified decade.

|                  |         |
|------------------|---------|
| 1919 and earlier | 33,300  |
| 1920 to 1929     | 65,500  |
| 1930 to 1939     | 129,700 |
| 1940 to 1949     | 78,200  |
| 1950 to 1959     | 57,700  |
| 1960 to 1969     | 23,300  |
| 1970 to 1979     | 11,200  |
| 1980 to 1989     | 8,400   |

The map entitled "Year Built" in the Maps Section of this plan provides a picture of the geographic distribution of housing structures built during different specified time periods. The oldest housing lies generally within the area enclosed by the Grand Boulevard. The newest housing is found in the far western and northeastern areas of the City as well as in some redevelopment areas (noted on the map as "major change area").

#### Pattern of Housing Tenure

Presently, of Detroit's 374,000 occupied housing units, 197,000 of them (or 53 percent) are owner-occupied. This compares with 58 percent owner-occupancy in 1980 and 60 percent owner-occupancy in 1970. While occupied housing units are decreasing, the owner-occupied units are decreasing by an even faster rate. The number of occupied dwellings in Detroit declined by 14 percent between 1980 and 1990 while the number of owner-occupied units declined by 21 percent.

When combined with the information about types of structures, these figures suggest that single-family and small multiples are being converted from owner to renter tenure at an ever-increasing rate. Moreover, most of the new housing constructed during the last decade is for rental occupancy. See the Maps Section of this plan for other maps regarding tenure, distribution, and unit values.

#### Rental Rates

The median cash rent paid in 1990 in Detroit's rental units was \$265 as compared with \$165 in 1980. Many of the rental units used to calculate this average rent were single-family structures or duplexes that might have been formerly owner-occupied. These units have much more interior and exterior space than typical apartment units.

The 1990 Census showed 53 percent of specified renter-occupied units paying between \$250 and \$499 per month while 43 percent pay less than \$250 per month.

## Housing Value

The median value of Detroit's owner-occupied housing was \$25,600 in 1990. This is a modest increase in value above the 1980 Census median of \$23,250. Housing values vary tremendously over different areas of the City. The maps in the Maps Section show relative differences in housing value by area. In general, these maps show a pattern of assessed value that is highly similar to the age of structure map: the older housing stock has generally lower appraised value than newer housing.

## Housing Condition

Based on figures from the 1985 American Housing Survey for Detroit, out of a total of 407,600 occupied units, 31,900 of them (or 8 percent) had moderate physical problems, while 10,500 units (2.5 percent) had severe physical problems. The condition of renter-occupied units was somewhat worse: of 178,100 rental units, 20,100 or 11 percent showed moderate physical problems and 6,800 or 4 percent showed severe physical problems.

### Detroit Planning and Development Department Housing Survey, 1991

In July and August of 1991, the City of Detroit performed an exterior survey of housing conditions. The houses that were observed were located on 350 randomly selected blocks. The blocks were selected randomly through an SPSS-PC+-generated search program and included blocks from every area of Detroit. Each block was then visited by a pair of field researchers who evaluated every residence. Data on 9,364 each residences were then entered manually on a coding sheet that provided a housing condition profile for each census block and subsequently were entered into a computerized data base file. Information from this computer file was used to draw a housing condition profile for the entire City.

Three important factors should be kept in mind when analyzing these survey figures. First of all, the total number for all housing units does not include six "special places" (nursing homes, hotels, and other group living quarters) which were not treated as housing for the study. Secondly, the figure reflecting number of houses for sale is based only on visual observation of "for-sale" signs on sample properties. And, most importantly, housing conditions were determined by visual inspection of the exterior of units only. No attempt was made to assess interior plumbing, electrical, or structural features.

The following figures are drawn from the Detroit sample survey. They are:

**CONDITION OF ALL HOUSING UNITS  
1991 HOUSING CONDITION SURVEY  
CITY OF DETROIT**

| CATEGORY | UNITS | PERCENT OF TOTAL |
|----------|-------|------------------|
|----------|-------|------------------|

|                          |       |       |
|--------------------------|-------|-------|
| TOTAL STANDARD UNITS     | 6,252 | 66.8  |
| TOTAL SUB-STANDARD UNITS | 3,112 | 33.2  |
| SUITABLE FOR REHAB       | 1,979 | 21.1  |
| NOT SUITABLE FOR REHAB   | 1,133 | 12.1  |
| TOTAL HOUSING UNITS      | 9,364 | 100.0 |

**CONDITION OF HOUSING UNITS BY OCCUPANCY STATUS  
1991 HOUSING CONDITION SURVEY  
CITY OF DETROIT**

| <b>CATEGORY</b>             | <b>UNITS</b> | <b>PERCENT OF TOTAL</b> |
|-----------------------------|--------------|-------------------------|
| OCCUPIED HOUSING UNITS      | 9,024        | 100.0                   |
| OCCUPIED STANDARD UNITS     | 6,215        | 68.9                    |
| OCCUPIED SUB-STANDARD UNITS | 2,809        | 31.1                    |
| SUITABLE FOR REHAB          | 1,904        | 21.1                    |
| NOT-SUITABLE FOR REHAB      | 905          | 10.0                    |
| VACANT HOUSING UNITS        | 340          | 100.0                   |
| VACANT STANDARD UNITS       | 37           | 10.9                    |
| VACANT SUB-STANDARD UNITS   | 303          | 89.1                    |
| SUITABLE FOR REHAB          | 75           | 22.1                    |
| NOT SUITABLE FOR REHAB      | 228          | 67.0                    |
| TOTAL HOUSING UNITS         | 9,364        |                         |

Based on percentages from this 1991 Housing Condition Survey, applied to the City of Detroit's housing stock, it may be concluded that of the 410,027 total housing units in Detroit as of 1990, 21.1 percent of them (86,515 units) are in substandard condition but suitable for rehabilitation, while 12.1 percent (49,613 units) are not suitable for rehabilitation.



## Concentration of Racial and Ethnic Minorities

A map showing the concentration of minorities in Detroit is included in the maps section of this document.

Since over 75 percent of the Detroit population is minority, the location of non-minorities, i.e. whites, is more useful in analyzing concentrations.

The maps show that almost every area of the City has a racial mix, although a few tracts in the extreme Northeast and Northwest section of the City have few minorities. In these areas, income alone does not seem to explain the absence of minorities. There are several tracts where the minority population is significantly below the City average. For some of these tracts, the income disparity between minorities and non minorities may explain the low minority population.

## Concentration of Low Income Families

Two maps showing poverty and low/moderate income are presented in the maps section of this document. One map shows the percentage of persons in poverty by 1990 Census tract using the Bureau of Census definition of poverty. The other map shows low and moderate income tract using the HUD definitions based on Section 8 income limits adjusted for family size.

These maps show that poverty is widely distributed through almost every area of the City. The higher levels are distributed in the center of the City, and lower levels are around the edges.

Note that almost the whole City is eligible under HUD guidelines for those HUD program activities which are based on the geographical distribution of persons with low to moderate incomes.

## **3.2. Public housing**

### **3.2.1. Management and Operation**

### **3.2.2. Separation from City Government**

### **3.2.3. Self Sufficiency**

### **3.2.4. Section 8**

### **3.2.5. Physical Condition of Units**

### **3.2.6. 504 Needs Assessment**

The City of Detroit Housing Commission and its employees are committed to service, with competency, ethics and integrity, to low and moderate income residents of the City of Detroit in the delivery of:

- Affordable housing opportunities of high quality construction
- Revitalized and stable neighborhoods
- Opportunities for growth and economic freedom

- Innovative programs in partnership with foundations and public entities

The nature of grouping households in public housing developments imposes both constraints and opportunities that may not exist in other kinds of housing. The efficient and effective management of all resources generated

The provision of housing does not remove all of the barriers to affordable housing for individuals and families living on very limited incomes.

Residents of public housing are by selection very low income. However, their other demographic characteristics are not different to any significant degree, from those with similar incomes but living in other kinds of housing. They are individuals, families, unrelated households, senior citizens, employed, and unemployed. The fact that households with very low incomes are living in very dense housing complexes creates some problems which may not exist for those living in less demanding surroundings. There, inadequate income is generally as much a problem for public housing residents as for others with low income. The public housing complexes are communities within themselves, some time to the exclusion of the larger

### **3.2.1 Management and Operation:**

The Detroit Housing Commission will form strategic partnerships and alliances to plan and implement an aggressive program of affordable housing development. Opportunities for creating additional and preserve existing affordable housing through a variety of development methods will be actively sought and exploited. Public and private capital from Federal, State and Local resources will be utilized to their maximum effect to expand the affordable housing choices available to low and moderate income families throughout the City of Detroit.

To facilitate such development, the DHC will enhance its organizational capacity and obtain the requisite authority to fully engage in development of new, rehabilitation of existing, and redevelopment of non-viable housing. The DHC will use to maximum advantage the talents, abilities and resources that result from partnerships with private-for profit and non-profit housing providers.

Improvement of management, deliveries of need specific services, and enhancements of market appeal are the approaches to be used to increase resident satisfaction with their housing.

Over the next five years the DHC plans to create additional 600 units of quality, mixed income housing geographically diverse neighborhoods of the City of Detroit. Approximately 4000 additional families will be housed in units currently in inventory. Therefore, providing housing for over 4,600 families over the next five years.

The Detroit Housing Commission will also improve the quality of life and economic viability of its public housing residents. The plan will execute physical, social improvement and operational improvements, resulting in an improved living environment and enhanced customer service.

While the residents of public housing will not directly manage the properties of the Housing Commission, DHC will engage their continued support in the role of advisors to the Commission, to ensure that the agency is always in tune to the needs of the resident population. DHC will encourage its residents to remain in “partnership” with the managers of their respective properties to ensure that the DHC is providing the best possible service.

### **3.2.2. Separation from City Government:**

A major impediment to the delivery of quality service that meets the specific needs of primary DHC customers is the level of control, oversight and financial assistance provided by various levels of government. Conflicting operational objectives of these governmental units have hampered the DHC’s ability to respond to a rapidly changing environment and the emerging opportunities. Therefore the DHC has reduced the need for, and its dependence on, such control, oversight and assistance by establishing internally self-sufficient systems for program and asset management, operational accountability, and financial independence. By establishing an organizational reputation of staff capability, fiscal responsibility, responsiveness to the concerns of its clients, and efficient and effective service delivery, public confidence in the capacity of the organization has increased and its reliance on governmental oversight and funding will be reduced. Freedom from the conflicting controls resulting from multi-layer oversight and control will enable DHC to undertake more of those actions that result in improved service to low and moderate income families in Detroit.

Goals of the DHC are:

- Enhance resident-management communications and DHC commitment to customers.
- Institute cost saving measures in operations.
- Employ effective maintenance and management policies to minimize the number of units off line.
- Reduce of turnover time for vacated public housing units.
- Reduce time to renovate public housing units.
- Seek replacement of public housing units lost to the inventory through Section 8 replacement housing resources.
- Seek replacement of public housing units lost to the inventory through mixed finance development.
- Undertake measures to assure access to affordable housing among families assisted by the PHA regardless of unit size required.
- Maintain or increase Section 8 lease up rates by effectively screening Section 8 application to increase owner acceptance of the program.
- Maintain or increase Section 8 leasing up rate by marketing the program to owners particularly those outside of the areas of minority and poverty concentration.
- Adopt rent policies that encourage work
- Internalize all agency support functions now provided by units of local government.
- Establish enhanced control and accountability mechanisms for all major functions
- Establish and implement operational improvement plans.

- Establish and implement staff training plan.
- Reverse chart to establish DHC as a political sub-jurisdiction of the state with an independent board appointed by the Mayor of Detroit.

### **3.2.3. Self-sufficiency**

The DHC will both directly and through its partners, facilitate a range of programs designed to provide lower income persons the opportunity to become self sufficient. Using new and existing programs, opportunities for education, employment, income generation and asset accumulation will be provided. The DHC will collaborate with its service partners to diligently pursue public and private resources that are or may become available to support the initiatives aimed at addressing the key challenges of unemployment and low levels of education attainment, and other impediments to upward mobility.

With the emphasis on its assisted families, the DHC will seek to provide access to training, education, case management and ancillary supportive services. To the extent practical, many services that are specifically targeted to Public Housing and Section 8 residents shall be made available on-site or in convenient locations. To ensure full participation and maximize the benefits of the program, the DHC and its partners will conduct a focused outreach effort. Through the use of innovative admissions and continued occupancy policies, home ownership programs and other incentives, the DHC will promote and support upward mobility of its assisted families.

The objectives of the DHC are:

- Achievement of home ownership by 70 assisted families over the next five years.
- Establish/Operate entrepreneurial training program for residents.
- In partnership with education institutions and service providers, establish/facilitate education programs for adults and at risk youth.
- Facilitate the employment of adult members of assisted families through the utilization of the Section 3 programs.
- Achieve full utilization of the Section 8 FSS Program.
- Conduct home ownership training and counseling for assisted families.

### **3.2.4. Section 8 Program**

The DHC currently has 3,781 families participating in the Section 8 program. There are approximately 10,658 families on the Section 8 program waiting list.

Consistent with HUD's strategic goal of Ensuring equal opportunity in housing for all Americans, the DHC will seek to facilitate affordable housing opportunities in areas outside of those with concentrations of low-income families. This includes expanding housing options for Section 8

program participants as well as developing affordable housing outside of areas of low income concentrations.

The DHC will accomplish the several of its related goals through the use of education and public information as the primary strategy. By creating a better-informed group of Section 8 participant and potential housing providers, resistance and obstacles to dispersed affordable housing can be reached.

First year activities will focus on revising Section 8 participant orientations and identifying targets for landlord outreach. First year activities will also focus on forging partnerships to address other impediments to housing choices.

**RACIAL BREAKDOWN**

| <b>Race</b> | <b>Households</b> |
|-------------|-------------------|
| White       | 57                |
| Black       | 3,724             |
| Total       | 3,781             |

### **HOUSING NEEDS OF FAMILIES ON THE SECTION 8 WAITING LIST**

|                                      | <b>Number of Families</b> | <b>Percent of Total Families</b> | <b>Annual Turnover</b> |
|--------------------------------------|---------------------------|----------------------------------|------------------------|
| Waiting List Total                   | 10,658                    |                                  | 2,121                  |
| Extremely Low Income<br>(≤30% AMI)   | 8,732                     | 81.98                            |                        |
| Very Low Income<br>(30% to ≤50% AMI) | 85                        | 0.79                             |                        |
| Low Income<br>(> 50% but <80% AMI)   | 9                         | 0.08                             |                        |
| Families With Children               | 953                       | 8.94                             |                        |
| Elderly Families                     | 160                       | 1.5                              |                        |
| Families With Disabilities           | 482                       | 4.5                              |                        |

### **INCOME BREAKDOWN OF SECTION 8 PARTICIPANTS**

|                                       | <b>Number of Families</b> | <b>Percent of Total Families</b> |
|---------------------------------------|---------------------------|----------------------------------|
| Participant Total                     | 3781                      |                                  |
| Extremely Low Income<br>(≤30% of AMI) | 3,184                     | 84.00                            |
| Very Low Income<br>(30% but ≤50% AMI) | 555                       | 15.00                            |
| Low Income<br>(> 50% but <80% AMI)    | 40                        | 100                              |

#### Needs of Public Housing Residents:

The key activities to be undertaken over the next five years of this plan include creating the capacity to effectively engage in housing development, the formation of partnerships, and identification of affordable housing development and preservation opportunities.

First year activities will focus on the implementation of policies that encourage work, the assessment of supportive service/education/employment training needs of residents, and modifications to existing programs to better meet those needs. Policies to be implemented include admissions preferences (for families that are working, going to school or are in a training program). Partnerships with service agencies will also be strengthened the first year.

These activities will also include targeting neighborhoods for collaborative improvement activities, assessing the needs of the elderly residents, assessing the DHC organization in light of its goals and objectives, and identifying methods for improving the efficiency and effectiveness of its program delivery.

In addition, DHC plans to achieve the following annual goals:

- Creation of 2 resident-owned businesses per year over the next five years.
- Increased level of educational attainment for residents.
- Employment of additional 20 members of assisted families per year.
- Achievement of self-sufficiency by 547 members of assisted families per year.
- Achievement of home ownership by 10 assisted families per year.

There are currently 14,784 families on the waiting list for public housing units.

The key housing related challenges faced by lower income families are:

- Limited supply and locations of quality affordable housing for the extremely low and very low-income families.
- Limited availability and accessibility of affordable housing for the elderly and disabled.
- Limited availability of affordable home ownership opportunities for low-income families.
- Lack of convenient transportation to outlying areas, which restrict ability of low-income families to live outside areas of low-income concentrations.

The following is the impact rating of that factor on the housing needs of each family type, from 1 to 5, with 1 being “ no impact and 5 being “severe impact”. Sources of data were the 1995 HUD Consolidated Plan and DHC’s Public Housing and Section 8 waiting list.

#### **HOUSING NEEDS OF FAMILIES WITHIN PUBLIC HOUSING BY FAMILY TYPE**

| <b>Family Type</b>                              | <b>Overall</b> | <b>Affordability</b> | <b>Supply</b> | <b>Quality</b> | <b>Accessibility</b> | <b>Size</b> | <b>Location</b> |
|---|----------------|----------------------|---------------|----------------|----------------------|-------------|-----------------|
| Income <30% of AMI                              | 5              | 5                    | 5             | 4              | 1                    | 4           | 4               |
| Income <30% but ≤50% of AMI                     | 3              | 4                    | 4             | 3              | 1                    | 3           | 2               |
| Income of >50% but <80% of AMI                  | 3              | 3                    | 2             | 3              | 1                    | 3           | 2               |
| Elderly   | 2              | 4                    | 2             | 2              | 2                    | 1           | 1               |
| Families with Disabilities                      | 3              | 5                    | 3             | 3              | 4                    | 2           | 2               |
| Race/<br>Ethnicity<br>Black/<br>Non<br>Hispanic | 3              | 4                    | 4             | 3              | 2                    | 3           | 3               |

#### **HOUSING NEED OF FAMILIES ON THE WAITING LIST FOR PUBLIC HOUSING**

|                                     | <b>Number of Families</b> | <b>Percent of Total Families</b> | <b>Annual Turnover</b> |
|-------------------------------------|---------------------------|----------------------------------|------------------------|
| Waiting List Total                  | 14,784                    |                                  | 1,538                  |
| Extremely Low Income (≤50% AMI)     | 13,983                    | 94.6                             |                        |
| Very Low Income (>30% But ≤50% AMI) | 709                       | 4.8                              |                        |
| Low Income (> 50% but < 80% AMI)    | 92                        | 0.6                              |                        |



| <b>Characteristics by Bedroom Size</b> | <b>Number of Families</b> | <b>Percent of Total Families</b> | <b>Annual Turnover</b> |
|--|---------------------------|----------------------------------|------------------------|
| 1 bedroom                              | 3784                      | 25.6                             | 393                    |
| 2 bedroom                              | 6430                      | 43.5                             | 669                    |
| 3 bedroom                              | 3641                      | 24.7                             | 379                    |
| 4 bedroom                              | 789                       | 5.3                              | 82                     |
| 5 bedroom                              | 121                       | 0.8                              | 13                     |
| 5+ bedroom                             | 19                        | 0.1                              | 2                      |

### **3.2.5. Physical Condition of Units**

There are currently 5854 public housing units within the jurisdiction of the Detroit Housing Commission.

Consistent with HUD’s strategic goal of the “Increasing the availability of decent, safe and affordable housing in American Communities”, DHC over the next five years, will develop 600 units of affordable housing.

The DHC has units within its inventory that are at various stages of physical condition. There are DHC developments that have recently been renovated. There are also units that are currently undergoing renovations. These renovations and repairs include the removal of lead-based paint, installation of new heating and plumbing systems, upgrading of bathroom and kitchen facilities. Over the past five years the DHC has been able to eliminate vacant housing stock and provide amenities comparable to those found in the private sector.

To date several developments have undergone extensive renovations e.g., The Senior Village at Woodbridge Farms ( Jeffries High-rises), Smith Homes, Phase I of Charles Terrace, Villages II and IV at Parkside, two high rise buildings at Douglass Homes and Warren West Senior Center.

The following developments are in need of renovation: Sojourner Truth, the remainder of Charles Terrace, the remainder of Douglas Homes, State Fair, Harriet Tubman, Connor Waveny, and Jeffries East. There are units at Jeffries Homes, Herman Gardens and Scattered site locations that are scheduled for demolition.

Key activities to be undertaken in the first year of this plan include creating the capacity to effectively engage in housing development, the formation of partnerships, and identification of affordable housing development and preservation opportunities.

The DHC will address HUD’s strategic goal of “Promoting self-sufficiency and asset development” of families and individuals by creating an environment where residents who want to achieve self-sufficiency will have every opportunity to do so. Utilizing existing and newly created partnerships to offer an array of services, the DHC will facilitate employment, training, and educational opportunities to program participants. Greater

resident responsibility for work will be accomplished through implementation of policies and procedures that encourage work and reward success.

### **3.2.6. 504 Assessment:**

The results of the 504 assessment is that DHC must comply with Federal requirements that minimum of five percent of all units at each development must be 504 compliant. The DHC has met this requirement for each of their sites that have been renovated. For those that remain, DHC will ensure that 504 requirement is met or exceeds the five percent requirement based on the needs of the population.

### **3.3. Assisted housing**

#### **3.3.1 Number and Targeting of Assisted Units**

In an inventory of subsidized housing units prepared by the Detroit Planning Department in 1993, 24,979 subsidized units were identified. These units included units subsidized by the federal government and/or by the Michigan State Housing Development Authority (MSHDA).

The distribution of these units by type is shown in the following table:

**CITY OF DETROIT SUBSIDIZED HOUSING UNITS - 1993 INVENTORY**

| <b>TYPE OF SUBSIDY</b>       | <b>NUMBER OF UNITS</b> |
|------------------------------|------------------------|
| Section 8                    | 8,838                  |
| Section 202                  | 428                    |
| Section 221 D 3              | 804                    |
| Section 236                  | 1,939                  |
| Rent Supplement              | 635                    |
| Rent Assistance              | 558                    |
| Public Housing               | 9,218                  |
| Mentally Handicapped Housing | 48                     |
| "MARKET RATE"                | 2,511                  |
| <b>TOTAL</b>                 | <b>24,979</b>          |

Source: Detroit Planning Department Housing Project File (HOPRG.DBF) Listing 3/10/95  
Of these units, 664 were barrier free.

### 3.3. 2. Assessment of units expected to be lost

#### FACILITIES FOR LOW INCOME HOUSING

| FACILITIES CURRENTLY NEGOTIATING PRESERVATION |             |                 |
|---|-------------|-----------------|
| Name  | Total Units | Total Section 8 |
| 1. Parkview Place                             | 198         | 42              |
| 2. River Tower                                | 472         | 188             |
| 3. 70 West Apts.                              | 185         | 70              |
| FACILITIES BECOMING ELIGIBLE 1995 - 2001      |             |                 |
| 4. Elmwood tower                              | 168         | 133             |
| 5. New Center Apts.                           | 76          | 76              |
| 6. Pallister Plaisance                        | 188         | 186             |
| 7. Parkwiche                                  | 141         | 28              |
| 8. Elmwood Park Plaza                         | 203         | 80              |
| 9. Central Tower                              | 232         | 231             |

Facilities #1 - 3 are currently eligible to convert to market rate but are negotiating to preserve the units at low-income rates. Facilities #4 - 9 will become eligible during the next 2-5 years and are expected to do the same. Therefore, it is not expected that Detroit will lose any units in the private assisted facilities.

Public housing will lose some units due to plans to upgrade the developments. The number expected to be lost in the next year is estimated to be 321 units - 235 at Wolverine (vacant); 64 at Temple Towers (vacant); 11 at scattered sites; and 11 at Herman Gardens.

### 3.4. Homeless facilities

#### 3.4.1. Description

#### 3.4.2. Inventory

An inventory and description of homeless facilities including homeless shelters and drop-in centers is presented below:

#### EMERGENCY SHELTER INVENTORY AND DESCRIPTION: CODES

AM = Adult Male  
AF = Adult Female  
HH/C = Male or Female Headed Household with Children  
FHH/C = Female Headed Household with Children  
UMY = Unaccompanied Male Youth under age 18  
UFY = Unaccompanied Female Youth under age 18.

#### EMERGENCY SHELTERS ASSISTED BY THE CITY OF DETROIT

| Name/Location  | Clientele                  | Number of Beds<br>as of 12/99 |
|--|----------------------------|-------------------------------|
| Coalition on Temporary Shelters (COTS)<br>26 Peterboro 48201                                 | HH/C; AF;<br>AM            | 140                           |
| Eastside Emergency Center (EEC)<br>5075 Chalmers 48215                                       | HH/C; AF                   | 51                            |
| *Salvation Army Booth Services (SABS)<br>130 W. Grand Boulevard 48216                        | HH/C; AF                   | 55                            |
| Genesis House I (GH)   | FHH/C; AF                  | 15                            |
| Genesis House II<br>2015 Webb 48206  | AF; FHH/C                  | 60                            |
| Alternatives for Girls (AFG)<br>1950 Trumbull 48216  | AF                         | 12                            |
| Off The Streets (OTS)<br>16120 E. Jefferson 48214<br>680 Virginia Park 48206                 | UMY (12-17)<br>UFY (12-17) | 8<br>8                        |
| Operation Get Down<br>10100 Harper 48213   | AM                         | 10                            |
| YWCA Interim House (IH)<br>P.O. Box 21904 48221<br>Domestic Violence (Confidential Location) | FHH/C; AF                  | 71                            |

|   |                  |     |
|---|------------------|-----|
| Women's Justice Center (WJC)<br>P.O. Box 13500 48213<br>Domestic Violence (Confidential Location) | FHH/C; AF        | 50  |
| Simon House<br>Office: 16260 Dexter 48221<br>HIV Positive (Confidential Location)                 | FHH/C; AF        | 10  |
| Wellness House<br>HIV Positive (Confidential Location)  | AM               | 12  |
| Mariner's Inn (MI)<br>445 Ledyard   | AM               | 36  |
| EACH<br>1876 E. Grand Boulevard 48211   | HH/C; AM;<br>AF  | 15  |
| Detroit Rescue Mission (DRM)<br>3535 Third 48201  | AM               | 100 |
| *Salvation Army Harbor Light (SAHL)<br>124 Sibley 48201   | AM; AF;<br>FHH/C | 78  |
| Love Outreach Service Center<br>12260 Camden 48213  | HH/C; AF;<br>AM  | 40  |
| Promise Land Comm. Shelter<br>7151 Strong 48211   | AM               | 60  |
| T.C. Simmons Ministries<br>10501 Orangelawn 48204   | AF; HH/C         | 55  |

| <b>OTHER OVERNIGHT WARMING CENTERS OR SEASONAL SHELTER</b>  |                  |   |
|---|------------------|---|
| <b>Name/Location</b>  | <b>Clientele</b> | <b>Capacity</b>                           |
| NSO 24 Hour Walk-In Center<br>3430 Third 48201<br>Offers food, personal hygiene, clothing, substance abuse counseling, shelter referrals  | AM; AF           | Warming Ctr<br>30                         |
| Operation Get Down-- <b>City Warming Center</b><br>7701 Harper 48201<br>Offers meals, clothing, personal hygiene, limited medical care, shelter placement, transportation, counseling | AM; AF;<br>HH/C  | Warming Center<br>250<br>(Nov. Thru Mar.) |
| <b>DAYTIME WARMING CENTERS/DROP IN SERVICE CENTERS</b>  |                  |   |
| NSO 24 Hour Walk-In Center<br>3430 Third 48201<br>Offers food, personal hygiene, clothing, substance abuse counseling, shelter referrals  |                  | Warming Center                            |
| Southwest Detroit Community Mental Health (Welcome Club)<br>6223 W. Fort 48209<br>Offers counseling, recreation, referral   |                  | Warming Center                            |
| Fort St. Presbyterian Open Door (Thursdays only)<br>631 W. Fort Street 48226<br>Offers meal, personal hygiene, barber services, counseling  |                  | Service Center                            |
| Sts. Peter & Paul Jesuit Church<br>629 E. Jefferson 48226<br>Offers food, clothing, employment referrals, counseling (Weekdays, 8:30 a.m. to 12:00 noon)                              |                  | Warming Center<br>(Dec. Thru Mar.)        |
| New Day Multi-Purpose Center<br>511 S. Post 48217<br>Offers food, clothing, shelter referral, 7 days/week   |                  | Warming Center                            |
| <b>DAY TIME WARMING CENTERS/DROP IN SERVICE CENTERS</b>   |                  |   |
| Vietnam Veterans of Detroit-Chapter 9<br>2951 Woodward 48201<br>Offers counseling for homeless veterans, intake for Homeless Veterans Job Reintegration Program                       |                  | Service Center                            |

|   |  |                |
|---|--|----------------|
| Traveler's Aid Society<br>Griswold 48226<br>Offers bus tickets, I.D. and police clearance assistance,<br>return to point of origin outside the area |  | Service Center |
|---|--|----------------|

| <b>TRANSITIONAL HOUSING FACILITIES (Six Months to Two Year Stays)</b>   |                         |                             |
|---|-------------------------|-----------------------------|
| <b>Name/Location</b>  | <b>Clientele</b>        | <b>Number of Units</b>      |
| Southwest Detroit CMHC<br>2105 Central 48209  | AM; AF (mentally ill)   | 8                           |
| COTS<br>26 Peterboro 48201  | AM; AF                  | 59                          |
| COTS on the Boulevard<br>1887-89 W. Grand Boulevard 48208   | FHH/C                   | 7                           |
| Lakewood Manor<br>14300 Kercheval 48215   | AF/C                    | 30                          |
| Mariner's Inn<br>457 Ledyard 48201  | M                       | 26                          |
| Genesis House III<br>11031 Mack 48214   | FHH/C (substance abuse) | 12                          |
| Salvation Army Bagley<br>601 Bagley 48226   | AF; AM                  | 30                          |
| <b>RESIDENTIAL SUBSTANCE ABUSE TREATMENT (Stays of 60-120 Days)</b><br>Programs are associated with shelters or have substantial homeless clientele |                         |                             |
| Grateful Home<br>335 E. Grand Boulevard 48207   | AF (substance abuse)    | 12                          |
| Christian Guidance Center<br>3684 Trumbull 48208  | AM                      | 20                          |
| Mariner's Inn<br>445 Ledyard 48201  | AM                      | 60                          |
| Detroit Rescue Mission<br>3535 Third 48201  | AM                      | 65                          |
| Salvation Army Harbor Light<br>2643 Park 48201  | AM; AF                  | 340 (49 are detoxification) |

| <b>PERMANENT HOUSING FOR THE HANDICAPPED HOMELESS</b><br>(Including Chronic Substance Abusers and Mentally Ill) |        |              |
|---|--------|--------------|
| COTS<br>26 Peterboro 48201  | AF; AM | 22 SRO Units |
| Southwest Detroit CMH<br>388 W. Grand Boulevard   | AM; AF | 20 Units     |
| <b>Shelter Plus Care Sponsoring Agencies (Section 8 Rental Subsidies:)</b>                                      |        |              |
| Salvation Army Evangeline<br>130 W. Grand Boulevard 48216   | AF     | 30 Units     |
| SHAR<br>1852 W. Grand Boulevard 48208   | AM     | 19 Units     |
| Genesis House III<br>11031 Mack 48214   | FHH/C  | 12 Units     |
| Southwest Detroit CMH<br>1700 Waterman 48209  | AF; AM | 26 Units     |

### 3.5. Special need facilities

#### Social Service Facilities for Non-Homeless Persons

Some important mechanisms exist in the community which are capable of being linked in approaching an effective level of services to low income families and individuals. This linking will be seen in Detroit in the planning for the Empowerment Zone, in the planning for the Continuum of Care in regard to the programs for the homeless and in the work of many coordinating agencies in the City. Many are now embracing the rich possibilities opened up in working along with community activists and users of the services.

The directories listed below include hundreds of social agencies and community groups which offer a wide range of necessary services and in many cases work together to enhance the service, create something new or increase effectiveness. They include government, organizations of individuals and families, business groups, foundations, institutions (both public and private) and societies and associations which offer invaluable professional and volunteer services. While it is not feasible to print them here, attention is drawn to them as a part of the information in this document. You will find them listed, along with their addresses, phones and types of services in the directories which are listed below:

- Directory of Mental Health Services, published by the Detroit/Wayne County Community Mental Health Board



- Michigan's Substance Abuse Directory of Programs, published by the Michigan Department of Mental Health
- Emergency Services Directory for Wayne County, 1993, published by the Detroit Public Library, Community Relations Department
- Senior Citizen Housing Directory, published by the Detroit Public Library and Detroit Senior Citizens Department
- United Community Services Directory for Macomb, Oakland and Wayne Counties, published by United Community Services of Metropolitan Detroit

The above items are generally available to the community from the publishers. Some are provided at a nominal cost and others without cost. These items are the most comprehensive and the most apt to be kept current.

### **3.6. Barriers to affordable housing**

The Detroit Comprehensive Housing Affordability Strategy (CHAS) for 1991-1996 identified those housing-related public policies and procedures which could be expected to have an impact on the cost of affordable housing. There was no attempt at that time to analyze these policies with respect to their relationship to each other; the existence of inconsistencies; development time-saving opportunities; coordination possibilities and other aspects of the application of the policies which could reduce negative impacts on the costs associated with the provision of an increased supply of affordable housing.

During 1992-93 a study was initiated with the intent to assemble the policies and procedures (or a detailed description of the relevant elements) into a single document in order to facilitate viewing them as a system.

In the process of carrying out the study, in-depth interviews were held with local and state officials. Focus groups were held with persons representing agencies involved in real estate sales and property management, real estate financing, construction, design, appraisals and affordable housing interest groups.

The study was completed by Community Development Services, Inc. under contract with the City of Detroit Planning Department (now the Planning and Development Department). The results are being reviewed prior to making final recommendations.

In addition, Mayor Archer has taken a number of initiatives toward removal of barriers to the development of housing in the City of Detroit. Among them is the establishment of a team to streamline procedures in regard to Licenses and Permits.

The following are excerpts from the published report of the Mayor's Task Force on Licenses and permits

Mayor Archer appointed Task Force to study the area of licenses and permits. A report was published in of 1994 under the title "Licenses and Permits: PASSPORTS To Opportunity." The Task Force recommendations are based on:

- Written information furnished by the Task Force members, City agencies and other parties
- Discussions at Task Force meeting with City agencies and and City Council
- Testimony provided by the general public at public hearings
- A review of best practices used by other major metropolitan areas
- Discussions with representatives of selected "customer" groups, including construction and building associations.

The process produced a detailed report covering all aspects of licensing and permitting. The recommendations are summarized below.

#### Summary of Recommendations

The Task Force recommends that the City focus on efficient and customer oriented delivery of licensing and permitting and including enforcement. The recommendations may be implemented immediately by training City agency management and employees to meet customer service goals.

The Task Force also recommends that the City develop a one-stop office for licenses and permits which may initially be a central information center. The one-stop office should ultimately evolve into a comprehensive, interactive system supported by a computer network linking City agencies involved in the licensing and permitting processes. In addition, the Task Force recommends a review of business licenses to eliminate those which are obsolete and/or redundant and to consolidate those that remain.

Finally, the Task Force is convinced that public health, safety and welfare will be best served through an efficient system of licensing and permitting that enforces codes and ordinances and is user-friendly to businesses and residents who wish to locate or remain in the City.

Recommendations were made in three major areas: Processes, Personnel, and Enforcement.

Under Processes the following recommendations are found:

- Establish a central location to serve as a one-stop office for licenses.
- Develop and distribute informative and user-friendly materials to describe city services for obtaining licenses and permits
- Review the fee structure in the licensing and permitting processes and establish fair and acceptable fees for services rendered by the city
- Develop and implement measures to increase the efficiency of city agencies involved in the licensing and permitting processes
- Forge partnerships with state government, private enterprise, universities and non-profit organizations to develop and implement improved processes, training programs and other enhancements.

Under Personnel the following recommendations are found:

- Develop and implement customer service guidelines for city employees
- Out-source existing work or add temporary help to the extent necessary to alleviate any backlogs of unapproved applications and inspections

Under Enforcement the following recommendations are found:

- Ensure fair and equitable interpretation, application and enforcement of codes and ordinances.

Other areas covered by the report include: occupancy and zoning, special land use, zoning variance, business licensing, residential property transfers, construction, demolition and signs, construction projects valued at less than \$50,000, projects involving single trades, e.g. electrical, mechanical etc., demolition/dismantling or moving a structure, and street, railway options and the Detroit Water and Sewer and City Engineering Departments. Note: The City Engineering Department is now a division of the Department of Public Works.

Please refer to section 4.6. for addition information on barriers to affordable housing.

Results of HUD and private consultant assessments of barriers to effective operation of public housing in Detroit

Most public housing agencies nationwide operate independently, rather than as a part of city government. In Detroit the operator of public housing, the Detroit Housing Commission (DHC) is an

integral part of the city government and relied on city government for critical functional operating support. It has been the assessment of both the Department of Housing and Urban Development (HUD) and the private consultants that this arrangement had certain disadvantages which had become impediments to the efficient management of public housing in the City of Detroit. The most significant functions adversely effected by city administrative support included procurement, personnel financial management, and capital and operations management of the Commission. Therefore, the DHC with the approval of City Council created there own procurement and personnel division separate from the City:

**Procurement:** The Detroit Housing Commission established a procurement division, affording them the providence to address the general needs of procurement specifications, scheduling requirements of other components of the competitive solicitation and contracting process. This procurement process was developed to meet the operating needs of the Commission. Under the federal guidelines, the Director of the Commission is considered the contracting officer. But, the he/she may delegate this responsibility to someone within the Commission. The Director has given this responsibility to the General Manager of Purchasing for the Commission.

The current procurement policy adopted and accepted by the legislative body of the city of Detroit allows the Commission to solicit bids, create a legal division, and award contracts up to \$25,000, without their approval. This new function has enabled the Commission to speed up the contracting process for services and/or goods, in its effort to provide safe, sanitary, and decent housing to its tenants.

**Personnel:** Under the City's human resources and civil service system, DHC conformed to the City requirements for the recruitment, hiring, transfer, promotion and termination of employees. The City recognized that the management of personnel for a large and complex public housing agency required that the senior administrators have substantial authority over personnel functions and be able to set standards for performance. It was critical that the DHC recruit experienced public housing management professionals and provide compensation and standards which are consistent with those found nationally. Moreover, the top leadership team needs to serve at the discretion of the agency administrator.

Therefore, the DHC was given the authority to create job specifications to address the specific of needs of the Commission. The Commission was also given the responsibility of hiring employees through the use of the existing human resource and civil service system. Commission top leadership teams now serve at the discretion of the agency administrator and Commissioners.

**Financial management:** The City and the Detroit Housing Commission recognized the City's system was not designed to meet the information needs and processing requirements of public housing. It limited the ability of DHC to make informed and timely management decisions. The lack of timely information in a form that relates to public housing operations results in planning and management activities being limited by overall uncertainty.

The Detroit Housing Commission created a financial management system tailored to address the specific needs and concerns. The Commission now is responsible for all disbursement of vendor payments.

Capital and operations management: DHC had extensive capital and management needs arising directly from the distressed nature of most of its property. A number of the developments met virtually every category of distress, as defined by the National Commission on Severely Distressed Public Housing. These categories included the physical condition of the housing stock, level of distress of residents, and barriers to management of the environment and crime. The DHC was confronted with staff issues which effected the ability of staff to undertake critical programs, it had experienced difficulty in obtaining outside contractors to assist, and had a poor track record in management of those outside contractors.

These issues were not unique to Detroit but rather to most distressed housing agencies. Studies have shown positive linkage between the level of integration of other City departments with public housing management and the conditions of distress found in those public housing agencies where local government has failed to tailor critical agency functions to the specific public housing needs.

The Commission addressed the physical condition of the housing stock with the renovation of several of the public housing locations.. The Commission created new titles and responsibilities for its employees and established partnerships with various non profit organizations and other organizations to address the needs and problems of its tenants and Commission. The creation of employee programs assisted in the ability of staff to undertake critical assignment issues. They assigned staff to closely monitor the work of outside contractors to ensure the Commission was getting what they were paying for.

The Commission with the assistance of the Detroit Police Department entered into an agreement to establish a Public Housing Unit. The unit was upgraded to a section in 1995 and to a division in 1999. The process established a dedicated police service that all residents of public housing is now receiving. It further established that this entity would come under the umbrella of the Detroit Housing Commission and serve as its Security Department. Through this venture several programs have been established to embrace the goal and mission of the Commission to the “elimination of Crime and the Elimination of the Potential for Crime” in public housing.

The City recognized its need to limit their involvement in the functions of the Commission, thus, creating opportunities to allowed them to efficiently and effectively operated with very limited input of city government.

The so called cutting of the apron strings in the various divisions of the Commission allowed them to function and successfully remove themselves from the troubled list.

## **4. STRATEGIC PLAN**

### **4.1. General**

#### **4.1.1. Priority allocations by geographic area**

#### **4.1.2. Priority allocations by needs**

#### **4.1.3. Basis for assigning priorities**

#### **4.1.4. Priorities and objectives**

#### **4.1.5. Proposed accomplishments by objective**

The development of this housing strategy is based on an evaluation of housing needs and an assessment of the availability of resources.

Unfortunately, data objectively documenting needs is very limited, and the availability of resources for the next five years is by necessity based on projections rather than decisions.

Thus, this assessment involves a large measure of judgment regarding both actual need and probable resources. In arriving at our strategy we have involved both the active participants in the housing process and the general public.

The allocation of housing resources to competing housing needs is based in part on the rules and regulations governing many of these resources. It is based in part on the ability to leverage private funding to accomplish low-income housing goals. It is based in part on the existing capacity of the institutional structure and staff to effectively implement housing programs.

## **OVERALL GOAL**

The ultimate goal of Detroit's housing strategy is to insure that all City residents live in decent, safe, sanitary housing.

The attainment of this goal depends on many factors, but particularly on the income of Detroit's residents and the cost of housing in Detroit.

The cost of housing in Detroit is relatively low. Unfortunately, Detroit has many residents who cannot afford even these low costs. Thus, this housing strategy is designed to reduce further housing costs to low-income Detroit residents and to bring these costs into line with their ability to pay for standard housing.

The approach to reducing housing costs involves providing assistance to low-income Detroiters so they can remain in their existing housing. The approach involves providing assistance to home owners to maintain and/or repair their homes and to provide subsidies to landlords to encourage them to provide low-income standard housing. The approach also involves providing assistance to developers to increase the total supply of affordable standard housing.

Of course, this housing strategy is only part of the overall development strategy for Detroit. The overall development strategy is also designed to increase the income of Detroit residents through the provision of jobs, etc., so that they may afford market rate standard housing.

## STRATEGIES - PRIORITIES FOR ALLOCATING INVESTMENT

The allocation of funds among needs categories, among activity categories and, to a lesser extent, among geographic areas is primarily determined by the availability of funds from various agencies and programs, and by the requirements of these agencies and programs.

Federal funds, for example, are usually directed to specific needs categories; for example, the homeless, the elderly, etc., and within these categories Federal government usually requires preference given to low and moderate income persons.

The CDBG program provides great flexibility with regard to activity categories and some flexibility with regard to needs categories, but the CDBG is an exception to most Federal programs.

The HOME program allows some flexibility with regard to activities which may be undertaken in Detroit.

State and private foundation programs may provide greater flexibility, but they too have serious restrictions.

The private for profit sector is, of course, constrained by financial and market considerations which limit their ability to profitably build housing for very low income persons. In most instances, Federal, State, or private foundation funds must be used to subsidize private for profit funding for low-income housing activities.

In Detroit, because of severe budget restraints and limitations imposed by State law, the use of locally generated funds for direct housing activities is strictly limited. However, some limited locally generated bond funding for infrastructure improvements which promote housing development may be available.

With these restrictions in mind, this section describes the rationale for the strategies and priorities for allocating resources in this comprehensive housing strategy. In this

description, the relationships among income groups, activity types, and geographic areas are discussed.

**STRATEGY: STABILIZE HOUSING STOCK BY REDUCING RATE AT WHICH USEABLE UNITS ARE LOST FROM THE EXISTING HOUSING STOCK.**

Many housing units in Detroit cannot be rehabilitated at any reasonable cost and thus are lost to the housing stock and must be demolished. Many, however, might be saved with a system which would promote early warning of the impending vacancy of a unit. This is particularly true of single family units. The maintenance of these units as available housing for low and moderate income households is important to the stabilization of neighborhoods and the tax base.

In order to implement this strategy, Detroit will develop a program with community based organizations to provide for temporary boarding or some other means of discouraging vandalism of abandoned and vacant useable housing. These "spotter" or "early warning" projects will report recently vacated-open-to-trespass buildings so that boarding or some other activity (e.g. grass cutting, lighting, etc.) can take place before they are vandalized.

This process may involve a "hot-line" operation, convenient location of boarding materials, enlistment of volunteers at block levels, who would make themselves available to assist in the process.

The timely gathering of information regarding the status of these properties is crucial to the effectiveness of the process. Therefore, block clubs, NOF groups, community development groups and housing developers and other community based organizations, are all resources for making such an operation "work", along with the appropriate city departments.

The legal ramifications and the involvement of owners of these properties will be given appropriate consideration.

In addition, the City will improve its system for dealing with delinquent responses from owners of houses and apartment buildings with serious safety and health violations to break the cycle of deterioration, abandonment, vandalization, arson and demolition of the Detroit's housing stock.

**STRATEGY: PROVIDE ADDITIONAL DESIRABLE PUBLIC HOUSING UNITS BY REHABILITATION OF EXISTING UNITS, DEMOLITION AND REPLACEMENT OF UNITS WHERE REHABILITATION IS NOT FEASIBLE, IMPROVED MAINTENANCE OF PUBLIC HOUSING UNITS, INCREASE OF SECURITY IN PUBLIC HOUSING.**

Detroit's public housing stock is its most ready resource for the provision of affordable housing for low and very low income households.

In order to carry out this strategy the City will take immediate steps to prepare itself for the implementation of its prepared plan for improvement of all aspects of its operations. The Detroit Housing Commission has prepared and submitted to HUD a five year Comprehensive plan for the Modernization of Public Housing. Implementation of this plan requires substantial amounts of Federal funding. The Detroit Housing Commission is currently under review with the goal of efficiently and effectively modernizing Detroit public housing.



The above-mentioned plan contains a project by project analysis of the location, physical, and management problems of each project, and a cost analysis and proposals for correcting these problems.

In addition to the rehabilitation of housing units and the demolition and construction of new housing units proposed for the various projects, the plan proposes maintenance system improvements, tenant and facility security improvements, and management improvements including tenant selection, Section 504 requirements, rent collection and tenant participation.

**STRATEGY: ALLOCATE HOME INVESTMENT TRUST FUNDS TO PROPOSED PROJECTS BASED ON AN EVALUATION OF THE ELIGIBILITY, FEASIBILITY AND BENEFITS OF THE PROPOSED PROJECTS SUBMITTED BY BOTH FOR-PROFIT AND NON-PROFIT DEVELOPERS.**

The criteria to be evaluated will include the following:

- Economic feasibility of the project
- Compliance with federal HOME regulations
- Consistence with CHAS objectives
- Overall readiness of the project to proceed
- Likelihood that project can meet federal time limits on the use of funds.
- Benefit to very low income persons
- Qualifications and experience of development/management team.
- Participation of City of Detroit based organizations, including non-profit organizations and community development housing organizations.

Because of its poverty level, Detroit is exempt from the match requirements.

**STRATEGY: PROVIDE DIRECT INVESTMENT OF FUNDS INTO HOUSING DEVELOPMENT PROJECTS FOR LOW AND VERY LOW INCOME HOUSEHOLDS SPONSORED BY THOSE NON-PROFIT COMMUNITY BASED HOUSING DEVELOPMENT ORGANIZATIONS (CHDO'S) WHICH MEET FEDERAL AND CITY CRITERIA FOR PARTICIPATION, AND PROVIDE CAPACITY BUILDING ACTIVITIES FOR NON-PROFIT ORGANIZATIONS WHICH NEED SOME TRAINING AND OTHER ASSISTANCE IN BECOMING READY FOR ACTUAL HOUSING DEVELOPMENT**

The increasing severity, complexity, and interrelationships of the housing problems in Detroit and the nation requires not only new approaches and programs, but more knowledgeable staff in and better

management of the agencies and programs designed to alleviate these problems. Although staff at many agencies understand and efficiently carry out the activities directly related to their agencies' goals, they lack knowledge of and the ability to take advantage of the programs in other agencies.

An understanding of the new and complex programs contained in the National Affordable Housing Act of 1990 will require much training of staff if they are to be implemented effectively and in accordance with Federal regulations by the public and private sectors.

The emergence of community nonprofit organizations as active players in the housing field has created greater opportunities for solving housing problems. However, many of these community nonprofit organizations are relatively new organizations with limited management experience and limited experience in housing.

It will be necessary to provide management training, including training in accounting procedures, to these new organizations. It will also be necessary to provide training in housing to these new organizations in order for them to carry out their housing programs.

Detroit city agencies must correct some outstanding management problems, must organize more effectively in a severe budget problem environment, and must train staff in the new programs which are now available.

Significant financial investment is not required by this strategy, although a significant investment in human resources is necessary.

The benefits to be derived from investment in this strategy will accrue to all needs categories, activity categories, and geographic areas, but will be concentrated in those categories directed to the needs of very low income persons.

#### **STRATEGY: IMPROVE COORDINATION AMONG THE VARIOUS AGENCIES INVOLVED IN AFFORDABLE HOUSING.**

The increasing severity, complexity and interrelationship of the housing problems and the programs designed to solve these problems, not only requires better management of agencies and training of staff, but also requires improvement in coordination among agencies and their individual programs.

Significant financial investment is not required by this strategy, although a significant investment in human resources is necessary.

The benefits to be derived from investment in this strategy will accrue to all needs categories, activity categories, and geographic areas, but will be concentrated in those categories directed to the needs of very low income persons.

The improved relationship with State agencies, in particular with the Michigan State Housing Development Authority (MSHDA), should be expanded to further the development of joint programs.

Working relationships will be established among the City, MSHDA, LISC, and the non-profit agencies involved in the development of affordable housing.

#### STRATEGY: PROVIDE RENTAL ASSISTANCE.

An analysis using the 1985 American Housing Survey done by the Washington, D.C. based Center on Budget and Policy Priorities indicates that on average renters use more than half their income for housing expenses, while owners on average use less than one quarter of their income for this purpose. Moreover, the analysis shows that a large portion of renters are in extreme poverty.

Subsidized housing at fair market rents cannot meet the housing needs of these renters. Home ownership is beyond their financial capability. Rental assistance through the Section 8 program, public housing, or other programs must be provided to meet the housing needs of these unfortunate people.

The highest priority for such assistance must be given to very low income persons, especially the elderly, the displaced, and others meeting the Federal preference requirements.

Specific geographic areas are not necessarily targeted for rental assistance; however, much of the assistance will go to areas where public housing and Section 202 senior/handicapped housing projects are located.

#### STRATEGY: PROVIDE ASSISTANCE FOR THE REHABILITATION AND NEW CONSTRUCTION OF RENTAL HOUSING.

The 1990 Census indicates that 47 percent of the occupied housing units in Detroit are rental units. In the 1980 Census, only 42 percent of the occupied housing units were rental units. This relative increase in the effective demand for rental units undoubtedly reflects a relative increase in number of low-income households in Detroit.

The relatively old Detroit housing stock, and the relatively greater physical demands made on housing by renters, requires greater rehabilitation efforts and new construction of rental units of all sizes.

Since rental housing usually involves the private for-profit sector, rehabilitation and new housing efforts must include other low-income housing in order to make rehabilitation financially feasible. The provision of some very low income and large family rental housing in these efforts is an important objective. The availability of funding for nonprofits will be an important determinant affecting the achievement of this objective.

Assistance will be concentrated in the older areas of the City where most of the rental housing needing rehabilitation is located, and where land, usually in development project areas, is available at low cost for new construction.

## STRATEGY: PROVIDE ASSISTANCE FOR REHABILITATION AND NEW CONSTRUCTION OF OWNER/OCCUPANT HOUSING UNITS.

Fifty-three percent of the housing units in Detroit are owner occupied. Many of these units are old and have deficiencies which require correction in order to remain in the housing stock as safe, sanitary, decent housing. Many of these deficient units are occupied by very low income households, often senior citizen households, who cannot afford the cost of correcting these deficiencies.

Investment in rehabilitation has been designed to leverage funding from other sources by varying loan terms and interest rates based on the household income. Grants are made available for low income and elderly homeowners.

These deficient housing units are scattered throughout the City, and thus City-wide programs have been designed to provide rehabilitation assistance regardless of location. However, most investment has been assigned to programs concentrating assistance on specific areas which have comprehensive development plans and/or active neighborhood organizations. The areas with development plans are generally in the most deteriorated and lowest income areas of the City. The areas with active community groups have been selected in the hope that these groups can increase the effectiveness by providing feedback and support, and in the hope that the housing assistance will enhance the groups' efforts to revitalize their neighborhoods.

## STRATEGY: PROVIDE OPPORTUNITIES FOR HOMEOWNERSHIP

The 1990 Census reported that Detroit has over 36,000 vacant housing units. Many of these units may be available for home ownership at relatively low acquisition cost, but require substantial rehabilitation.

Detroit has a long tradition of high rates of home ownership and high values placed on home ownership. Recently, however, the rate of homeownership has fallen substantially from 58 percent to 53 percent. This reduction in home ownership has seriously affected the stability of many Detroit neighborhoods.

Unfortunately, many Detroiters who would like to own a home are not financially capable of acquiring or rehabilitating the available units, and thus financial assistance for acquisition and rehabilitation must be provided. Moreover, many of these Detroiters have not had home ownership experience and need supportive services such as budgeting and home maintenance training.

The available units are located throughout the city, but are concentrated in the middle city area, essentially the area outside Grand Boulevard, east of Southfield, south of Six Mile/McNichols. and west of Connor/Outer Drive.

Like others, many Detroiters are desirous of owning a new home. It is important to provide ownership opportunities for these Detroiters as part of the overall revitalization of Detroit. Vacant land is available at relatively low cost in Detroit's development project areas.

## **4.2. Affordable housing (Priority Need Tables)**

### **4.2.1. Basis for assigning relative need**

### **4.2.2. Influence of housing market characteristics in assigning needs**

### **4.2.3. Number of families to be assisted by tenure**

The priority needs table is presented in the Tables section of this document.

In preparing the Priority Needs Summary Table, consideration was given to the following:

- Due to the severe poverty problem in Detroit, highest priority and need was assigned to households with less than 51 percent the regional median income.
- Except for large families, overcrowding in rental units was not given high priority, but was given medium priority. Although overcrowding is a serious problem wherever it occurs, poverty coupled with high cost burdens or physical defects is a more immediate and serious problem than overcrowding.
- Overcrowding in owner occupied units was given low priority and need because overcrowding in owner occupied housing is less frequent than in renter occupied housing.
- In determining needs, attention was given to the opinions expressed at the community meetings and public hearing. Although, the opinions expressed did not provide the level of detail that the table requires, it is clear that physical defects for low income persons are the major concern of our citizens.

In assigning needs and priorities, the housing market played a significant role. Unfortunately, the costs involved in rehabilitating housing units in many areas of the City are not reflected in a significant increase in the value of the home or apartment. Thus, home repair for owner occupied units to correct physical defects was assigned high priority. The concern regarding the cost versus the increased value of housing unit rehabilitation was an important and frequent concern expressed at community meetings.

### **4.3. Homelessness (Homeless Needs Table)**

#### **4.3.1. Strategy for avoiding homelessness**

#### **4.3.2. Strategy for outreach to the homeless**

#### **4.3.3. Strategy for emergency shelter and transitional housing**

#### **4.3.4. Strategy for transition to permanent housing and independent living**

The immediate needs for homeless persons are food, clothing, and shelter. At the time of homelessness, almost all homeless persons may be considered very low income.

Although homeless persons come from, or can be found, in almost every area of the City, they tend to be located in the inner city.

For most of the homeless and those at risk of becoming homeless, services must be provided to prevent future homelessness including children, teens (particularly pregnant and those who already parents), adults and the elderly. These services may be legal counseling, drug and alcohol prevention programs, job training, education in independent living skills, secondary education completion, follow-up or aftercare services to provide support needed to be successful in a permanent living arrangement.

The City will work with non-profit service providers, community based developers, public agencies and others to insure that the needed supportive services are available.

Many of the low-income homeless, including those needing preventive services, need rental assistance for permanent housing.

Given the foregoing statement of need, it is clear that any effort to improve significantly the plight of the homeless must be creative and varied in its approach. The whole effort, insofar as it is possible, should break the cycle of chronic homelessness; provide appropriate services to combat episodic homelessness; identify those cases which are generated by mental illness, substance abuse, and other impairing mental, physical, and economic conditions; and encourage effective actions and treatment. The City of Detroit will, therefore, proceed according to the following strategies, to the extent possible. However, the needs and strategies expressed in this plan must also be viewed in the context of overall plans and strategies for the social, community, and economic development of the entire City. Thus, the development of particular needs and strategies set forth in this Plan in general may conflict with other goals of the City. The City reserves the right to evaluate proposed projects in light of all City needs, strategies, and plans when determining whether specific projects are consistent with this Plan. In all cases, the following statements should be construed to include appropriate coordination, cooperation, and joint activity with State, Federal, and local private non-profit organizations and agencies.

1. To intervene in the current condition of the lack of adequate beds on a nightly basis, the City will take the necessary action with regard to facilities to:

- a. Increase the capacity of existing emergency shelters, to the extent feasible, to provide beds for persons (all causes) who are without shelter at the end of the day.
  - b. Augment the number of emergency shelter beds, if determined necessary, by rehabilitation and/or conversion of existing, available buildings, taking into account the most appropriate geographic distribution of facilities based on need and demand.
  - c. Develop a system to monitor demand for shelter, and to provide access to shelter for homeless persons. Temporary warming centers or overnight hotel/motel vouchers may be used during peak demand periods as determined necessary.
2. To intervene in conditions where uneven availability of support services (agency hours, available and appropriate personnel, etc.) at the emergency shelter level the City will take the necessary action with regard to services to:
  - a. Cause appropriate adjustment to the current level of availability of such services and personnel in the existing emergency shelters.
  - b. Provide for and/or encourage expansion of such services commensurate with the increase of facilities and clientele.
  - c. Encourage the kinds of inter-agency coordination activities which insure the full use of existing services and identify the gaps which need to be filled by augmentation of existing service and/or creation of new services.
3. To insure that opportunity is available to homeless individuals to make a timely transition from their current condition to independent living, and that appropriate facilities and services are available, the City will take the necessary actions to:
  - a. Encourage the expansion of existing facilities and services, and the creation of new and innovative programs and facilities to serve the needs of homeless families with children, de-institutionalized mentally ill and the elderly, veterans, and runaway and neglected youth, and other homeless with mental and physical impairment capable of living independently.
  - b. Encourage outreach by agencies providing these services to shelters, soup kitchens, and other locations which serve homeless persons.
  - c. Encourage the creation of additional programs and facilities which would serve others capable of living independently with the help of appropriate support in the transition process and when necessary follow-up on their "stabilization" and move to permanent quarters with supportive skills, as needed, e.g., literacy training, employment services, health needs.



4. To try to decrease the rapid rate of expansion of the homeless population, the City will take the necessary action to:
  - a. Encourage retention, rehabilitation, conversion, and creation of units suitable for single-room occupancy, including public housing, where feasible.
  - b. Encourage innovative, affordable housing development projects which meet the long-term needs of the homeless and the lower income "at risk" population.
  - c. Encourage programs to identify and serve persons "at risk" of becoming homeless with appropriate prevention techniques.
  - d. Encourage closer coordination with the State in relation to institutional discharge practices (penal, mental health, or other) and community treatment services as they are manifested at the local level.
  - e. Encourage closer coordination with State and County welfare agencies, shelters, and other support services to provide timely and adequate emergency assistance to the homeless and near homeless.
  - f. Encourage the study of how welfare housing allowances, and other private and public resources, can be used in innovative strategies to create affordable housing for the poor, and encourage the implementation of these strategies.
  - g. Encourage the study of ways of developing innovative means to address needs of homeless children.

#### DETROIT'S STRATEGY - CONTINUUM OF CARE OVERVIEW

Detroit's strategy seeks to answer the question: What is the most effective means to prevent, reduce and end homelessness? This strategy was prepared under the auspices of the Mayor's Task Force On Homelessness, input from government agencies, the nonprofit sector, private business, community organizations, advocates for the homeless and homeless people themselves, has been gathered to help answer this question and to point toward a workable strategy. Over one hundred and sixty entities participated in a series of meetings and workshops. The organizations and individuals are listed in the November 30, 1994 report of the Task Force entitled "A Home For Every Detroiters".

One point everyone agrees on is that emergency shelters, though necessary, are not an adequate or appropriate answer to homelessness. A restructuring of the service delivery system, away from its present stop-gap, crisis orientation, into a coordinated, collaborative, holistic system called a continuum of care, is the approach that is being pursued. The continuum of care model will require

implementation over several years of new inter-governmental, inter-agency and community initiatives, to include these basic elements:

- 1) A strengthened emphasis on homelessness prevention, not only eviction prevention, but also, aftercare to prevent recurring homelessness (particularly for families with children and unaccompanied youth).
- 2) An expedited intake and needs assessment process for those who do become homeless so that appropriate services, benefits and facility or housing placements can be arranged to meet individual needs as quickly as possible.
- 3) Improvement of the quality (both physical plant and services levels) of all shelters, including possible restructuring of population mix, staffing ratios and qualifications, better coordination and access to outside resources (e.g. health, employment, transportation, social services ) and the implementation of programs that promote independence, rather than dependence, among customers.
- 4) Creation of new transitional facilities, and/or the conversion of existing shelters into transitional facilities, to provide comprehensive services to identified special needs populations, including homeless youth, victims of domestic violence, substance abusers, troubled families, et.al.
- 5) Creation of innovative non-threatening outreach programs to assist the street population and to induce them to adopt a stable life-style.
- 6) Provision of increased access to permanent housing and/or assisted living placements for qualified homeless persons and families, including public housing placements. Initiation of collaborative efforts with neighborhood groups, nonprofit and private housing developers to provide access to new subsidized housing units for homeless families and individuals. Including single room apartments, permanent housing for the handicapped, and other subsidized housing (e.g. an agreement that 10 percent of all new subsidized housing units will be reserved for qualified homeless families and individuals).

The goal of the continuum of care approach is to put an end to "revolving door" homelessness by intervening with families and individuals early enough to assess, remediate and/or address their real problems, rather than to "warehouse" people in inadequate facilities, or to return them to independent living with inadequate resources which guarantees their failure.

(Source: Mayor's Homeless Task Force, "A Home for Every Detroiters", November, 1994)

#### **4.4. Strategies for other special needs**

##### **4.4.1. Elderly, frail elderly**

##### **4.4.2. Persons with disabilities**

##### **4.4.3. Persons with alcohol or drug addiction**

##### **4.4.4. Persons with HIV/AIDS and their families**

##### **4.4.5. Public housing residents**

#### **STRATEGY: PROVIDE SUPPORT SERVICES TO THE ELDERLY**

Detroit has many low-income elderly homeowners and renters that need assistance to remain in their home or apartment. Without such assistance these elderly homeowners would require rental units or institutional housing.

The elderly are scattered throughout the City, and thus services are to be provided at various locations. However, transportation services and in-home services are concentrated in the lowest income areas of the City.

#### **STRATEGY: PROVIDE SUPPORTIVE SERVICES FOR PERSONS WITH SPECIAL NEEDS.**

Like most large cities, Detroit has a relatively large number of persons with special housing needs. Many of these persons require supportive services in whatever housing situation, group home, ownership housing, or rental housing, they find themselves. Although these persons are scattered throughout the City in homes and apartments, many are housed in group homes which are concentrated in the inner city. These households include some elderly, single (adult and teen-age) parents, the mentally ill, physically handicapped, HIV victims, developmentally disabled, and persons returning to the community from various institutional placements, and others.

#### **STRATEGY: PERSONS WITH HIV AND THEIR FAMILIES**

##### **Information and Housing Referral Services:**

Funded by HOPWA since 1992, the HOME HELP housing information and referral network was established to assist eligible PWH/A and their families in locating, acquiring and maintaining suitable housing. A housing data base has been established and housing placement specialists are connected by computer modem to case management agencies and other critical service programs. This program assures that clients are receiving timely and appropriate housing placement which meets their needs. The program involves:

- a. Collection and dissemination of information and referral based on needs of HIV+ persons and their families.

- b. Ongoing assessment of existing housing options and personalized contact with existing or potential housing providers.
- c. Coordination with community facilities and coalitions to assure advisory input and documentation of housing service gaps.

A key part of this program is developing links with the public housing authorities in the EMA and expanding the base of available housing for our clients.

#### Housing Stability Program (Tenant Based Rental Assistance):

The Housing Stability Program is coordinated by two local Public Housing Authorities and allows approximately 75 one-year rental certificates to be issued to qualified applicants. The housing certificate program will be used to leverage Section 8 slots where possible. A stabilization training/technical assistance component is attached to this program to assure that those receiving assistance will have optimal opportunities to stabilize and enhance their housing situation. Classes will be given in the areas of budgeting, landlord-tenant relations, as well as other identified areas of need. Additional support will be given through HIV/AIDS case management and the aforementioned HOPWA funded HOME HELP program.

#### Community Residences:

Currently HOPWA funds three community residences which provide congregate supportive housing for PWH/A with particular needs: Wellness House, with a capacity of 12 beds for men and women; Simon House, with a capacity of five beds, for women and children; and, Harmon House, with a capacity of five beds for men.

These residence clients, in addition to being low income or indigent, must face a spectrum of physical impairment, emotional distress and diminishing financial and social resources. Personal conditions often progress to difficulties in ambulation, and the need for assistance in accessing transportation, personal care and other support services.

#### Emergency Assistance:

As with other kinds of housing, emergency shelter for PWH/A must have the capacity to access other services as well as sensitivity to relevant issues such as TB and substance abuse. In addition to beds, emergency shelter services for PWH/A must include outreach and service coordination to stabilize clients' housing. The HOPWA funded shelter program, Detroit Health Care for the Homeless, works in coordination with the HOME HELP Program to provide clients with the needed range of services.

In addition, three agencies provide short term rental assistance, utility payments, security deposits, moving and storage expenses for those who are at risk for homelessness or who are seeking to secure more stable housing.

#### Supportive Services:

Supportive services focus on those areas which will stabilize and enhance a person's living situation. Emphasis is placed on areas of service not funded by the Ryan White Care Act. Home-based chore services, nursing services (in the community residences and shelter), housing legal advocacy, and transportation are examples of housing related programs funded in this category.

### **4.5. Non-housing community development plan**

#### **4.5.1. Needs by CDBG category**

#### **4.5.2. Long and short term community development objectives**

#### **4.5.3. Neighborhood revitalization strategy**

The City of Detroit has several plans, which relate to its overall housing and community development program. The most relevant of these plans are the city's Master Plan; the Capital Agenda; the Overall Economic Development Program; and the Community Reinvestment Strategy..

The City of Detroit is guided by a master plan containing over 300 policies related to the social, economic, and physical development of the city. The Detroit City Council adopted the plan, called, the Detroit Master Plan of Policies, in 1992. The major difference between the current and former comprehensive plan lies in the greater importance attached in the current plan to explicit social and economic goals.

Economic policies in the Master Plan address the needs of the manufacturing and service sectors, the challenges of retraining and re-educating the labor force, and the increased participation of women in the work force. Some of the specific policies are: to work toward full employment; maintain an economic development planning and delivery system; upgrade and enforce rules to provide equal employment opportunities; recognize the role of high technology; and maintain an inventory of available industrial sites.

Over the past five years the City's Master Plan has been responsible for several major developments in the City of Detroit. (See table)

Two significant economic developments program the Empowerment Zone and the Renaissance Zone has spurred the rebirth of Detroit. As a federally designated program, the Detroit Empowerment Zone is the most successful Empowerment Zone program in the United States. Since, 1994, more than 80 new development projects have created 5,000 new jobs, Investments in the Detroit Empowerment

Zone are estimated at \$5 billion and growing. As testimony to the strength of the zone, more than 3.2 million square feet of new industrial construction was completed in 1998.

#### Detroit Capital Agenda:

Each year, the Mayor proposes a list of capital projects to be financed over the next five years. The Capital Agenda is a planning document that indicates the major capital needs of the City. It also includes projects that need to be done for which sources of financing have not been identified.

#### Detroit Overall Economic Development Program:

The OEDP is prepared periodically for the U.S. Economic Development Administration. It describes the state of the Detroit economy and reports on recent economic development activities in the City and changes in the City's economy. It provides an economic development strategy and implementation plan, and identifies development activities which are currently underway or which are expected to start in a short time.

#### Empowerment Zone:

In 1994 and in response to an invitation by President Clinton's Community Enterprise Board, the City of Detroit in partnership with its Empowerment Zone Coordinating Council, the State of Michigan, and the County of Wayne developed an application for federal designation as an Empowerment Zone. In December 1994, President Clinton announced that Detroit's application was one of those selected for federal designation.

The Empowerment Zone program is designed primarily to improve a portion of the City, the success of the Empowerment Zone program is designed to primarily improve a portion of the City, the success of the Empowerment Zone programs and activities will have important consequences for overall revitalization of the City.

The Empowerment Zone consists of 18.3 square miles of the most poverty-stricken areas within the City of Detroit. The plan outlined the goals and programs that would create economic opportunities, growth and sustaining competent healthy and safe families. By creating this atmosphere this allowed us to begin restoring and upgrading neighborhoods within the Empowerment Zone.

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#### Community Reinvestment Strategy:

The Community Reinvestment Strategy came as a result of Mayor Dennis Archer's Detroit Land Use Task Force. In 1994, Mayor Archer appointed a task force of people from various backgrounds to recommend objectives and policies that should be considered in making land use and development decisions. The task forces met with community groups, developers and citizens to debate issues and

evaluate proposals. Four months later, the group published *A Framework for Action: Recommendations of the Mayor's Land Use Task Force*, which outlined policies for communities, a greenway system, transportation, job centers and the central city.

The task force also recommended the establishment of a citywide, community-led examination of land, which became the Community Reinvestment Strategy. The Strategy was designed in 1996; to translate the general guidelines contained in the Land Use Task Force report into more specific strategies that reflected the concerns of Detroit citizens.

The city was divided into ten clusters of approximately equal size and population. Each cluster elected a board, which analyzed data, articulated goals and offered recommendations. The boards met for a year, at the end of which, in 1997, each produced a booklet outlining the cluster's existing conditions and its vision and priorities for reinvestment. That information will be examined for possible inclusion in the Master Plan of Policies.

#### Neighborhood Development:

Detroit's residential developments have resulted in approximately 3,100 new and renovated housing units between 1994-1999. Housing types include apartments and townhouses, duplexes, lofts, single-family homes and condominiums. Apartments account for 65 percent of all completed residential developments between 1994-1999.

In 1995 residential developments resulted in \$72 million in construction, more than any other year between 1994-1999. These developments include single family home developments like Victoria Park and Virginia Park Estates.

Core City Neighborhoods, a non-profit organization, which develops housing for low-to moderate-income families, is the developer of the Martin Luther King, Jr. Redevelopment Plan. Phase 1 of the development included construction of the Alberta W. King Village, a 121-unit townhouse community. The \$10 million development created 126-construction jobs.

#### Industrial and Manufacturing Developments:

Industrial and Manufacturing developments account for approximately 50 completed economic development projects in Detroit since 1994. Over 70 percent of the projects are located in either Detroit's Empowerment or Renaissance Zones, or both. In 1998, more than 20 industrial and manufacturing developments were recorded in the City, including the following multi-million dollar projects: Daimler-Chrysler Mack Avenue Plant 1, VITEC, and Renaissance Global Logistics.

Although the number of completed projects in the Empowerment Zone declined in 1997, the figure more than doubled in the following year. Many of these developments were under construction 1997, but were completed in 1998. Six new developments have been constructed in the Renaissance Zone by 1999. The developments were completed at a cost of \$80 million collectively. More 3000 new jobs have been created in Detroit's industrial and manufacturing sector since 1994.

#### Commercial Developments:

Several new commercial developments have been completed in Detroit since 1994, including retail stores and restaurants. Eighteen retail developments were completed in 1998, the majority of which were drug stores, automotive stores and video rental companies.

Lodging facilities are also being developed in Detroit. In 1998, Days Inn and Knights Inn opened in the City. The Marriott Corporation is currently managing the Courtyard by Marriott at the Millender Center and the Detroit Marriott at the Renaissance Center. Both hotels and the Omni Detroit River Place Hotel are undergoing multi-million dollar renovations. A Howard Johnson Express Inn has opened in the Rivertown district and Best Western Hotel will debut in 2000.

Since 1994, eleven shopping centers and independent supermarkets have opened in Detroit, including Hartford Retail Center, Chene Square, University Shopping Plaza, and Farmer Jack Food Stores. Seven Laundry facilities opened in Detroit in 1998. Most of these developments are SpinCycle Laundromats, a new laundry chain.

Miscellaneous commercial developments include a veterinary clinic, travel-related organizations and art galleries.

The new commercial developments have generated \$384 million in total investment dollars and provided approximately 500 new jobs for residents.

#### Detroit's Temporary Casinos:

Detroit is now the largest American City with casino gaming. Two of the three voter approved casinos have opened. All three will operate upon approval of the Michigan Gambling Authority, while permanent locations are under construction. Together, Detroit's temporary casinos represent a \$525-million investment.

Each venue will feature gaming areas, multiple restaurants, commercial space and parking structures. The temporary casinos will generate approximately 7,700 new jobs.



#### Office Developments:

Most office developments are renovations of existing buildings in downtown Detroit. Several buildings have undergone renovations in the six-year period, including the First National Building, Cadillac Tower, and 555 West Fort Street. Between 1994-1999, 46 office developments were completed in Detroit. Approximately 65 of all office developments were in buildings with 10 floors and less. In 1996 it marked the highest dollar investment year for office developments in the city of Detroit. The \$129 million investment was capped by the construction of the new IRS building in Detroit. In 1994 and 1997, there were no office developments in buildings with 11 or more floors.

#### Public and Institutional Developments:

Approximately 116 public and institutional developments were completed in the city of Detroit between 1994 and 1999. The developments represent an investment of more than \$500 million over the six-month period.

In 1998, 32 new and renovated public and institutional developments were recorded. Ten developments include medical facilities. Detroit's three leading medical institutions: Detroit Medical Center, Henry Ford Hospital and Health System, and St. John Hospital and Medical Center invested more than \$188 million in developments in 1998.

#### Education:

Investments in educational institutions have consistently increased. In 1998, the category recorded \$200 million in investments. Most of the projects were associated with Wayne State University, but several charter schools were completed in 1998 as well.

#### Mixed Use Developments:

A number of new mixed-use developments began appearing in Detroit in 1995. Most of the projects are loft developments with commercial space on lower levels. The majority of mixed-use developments are concentrated in four areas of the City: Detroit's Central Business District, Midtown, Corktown and Rivertown. In 1998, mixed-use developments represent a \$49-million investment, more than six times the 1997 expenditure.

In 1995, College Park Commons, an office and commercial development, was completed in Detroit. The \$30 million development is the largest, completed mixed-use development in the past five years.

#### **4.6. Barriers to affordable housing**

The Detroit Comprehensive Housing Affordability Strategy (CHAS) for 1991-1996 identified those housing-related public policies and procedures which could be expected to have an impact on the cost of affordable housing.

Since then, Mayor Archer has taken a number of initiatives toward removal of barriers to the development of housing in the City of Detroit. Among them is the establishment of a team to streamline procedures in regard to licenses and permits. Refer to Section 3.6 for further details.

**STRATEGY: IDENTIFY PROBLEMS IN THE PUBLIC POLICY AREA WHICH ADD TO THE COST OF HOUSING AND DEVELOP REMEDIES.**

This is a process which requires the involvement of numerous entities, including the City, other public agencies, developers (both for-profit and non-profit), financing agencies to be effective.

With the help of these persons and agencies, the city has established a plan concept review and formal site plan review process to review proposed projects at various stages in the development process. With these reviews, developers are informed early of problem and barriers which may arise and are provided technical assistance to overcome these problems. Descriptions of some of the public policies/related factors affecting the cost of housing are given below:

##### **Mobile home requirements**

The City of Detroit has two small mobile parks that were established in the late 1940's, long before the mobile home industry developed standards for mobile home parks. The existing mobile home parks in Detroit are not good quality housing; it is a long established policy of the City not to develop additional mobile home parks. This use is "permitted with approval" in a multi-family zoning district.

##### **Plat act requirements**

Almost all of the City of Detroit was platted and subdivided years ago; many older working class neighborhoods are developed with single- and two-family residential structures on lots 30 feet wide. Areas such as this can be re-platted to current standards as part of the land assembly and redevelopment process. Detroit's zoning ordinance specifies minimum residential lot widths of 50 to 70 feet, depending on the type of structure.

##### **General assistance welfare payments**

The Michigan Department of Social Services has decreased both the eligibility and amount of general assistance welfare payments. Many general assistance recipients are elderly people who live alone, in older housing in need of maintenance, or perhaps in SRO buildings. This recent welfare policy could easily contribute to the loss of some affordable housing.

#### Crime

The high crime rate could make housing less affordable due to the increased cost of homeowners or renters insurance, and additional security costs for locks, alarms, and private security guards. In addition, a high crime reputation affects housing values and marketability and appraisals and tax revenues.

#### All Sales Ordinance

This City ordinance requires a pre-sale inspection of one- and two-family housing. Housing inspectors check for unsafe conditions that must be corrected by the seller, before a sale can be completed. If the seller cannot correct these conditions, the sale can be made on an "as is" basis; in this case, the buyer would have full knowledge of the unsafe conditions that require attention, and should be able to purchase the home for a lower price. This ordinance should operate to maintain the quality of existing housing and help home buyers purchase safe housing with no hidden defects. The additional cost of compliance may tend to encourage sellers to accept a lower sale price and make housing more affordable.

#### Education system:

The Detroit public school system, like many urban school systems, requires major improvement so it can provide a quality learning experience for Detroit children. The school board and superintendent expect to bring about meaningful improvement in the system. The passage in 1994 of a \$1.5 billion bond issue will contribute greatly to school improvements. If the school system can be restored, City of Detroit housing will be more attractive to families with school-age children, and housing values should be stabilized.

#### Historic preservation regulations:

A large part of Detroit's existing housing supply is over 50 years old. Historic preservation regulations for many housing rehab programs require a records search to determine if the housing has historic values that must be considered in program development. This will result in another administrative cost for the program and may lead to delays. Housing rehab work in Detroit's designated historic neighborhoods is supervised by the Historic District Commission; this housing is not affordable by a typical Detroit family.

Costs and delays due to historic preservation regulations should decrease as development staff becomes more familiar with preservation regulations, and information relating to Detroit's historic resources becomes more complete.

## Infrastructure:

The required infrastructure to support new development is already in place in Detroit. Developers do not face the added cost or time required to extend basic services to development parcels. Some additional water and sewer capacity may be required when nonresidential areas are redeveloped for residential use, or when the density of development is increased. Some sewer service improvements may be required in areas along Detroit's riverfront in order to meet strict water quality standards as established by the State to comply with Federal environmental regulations. The City participates in the development of water quality standards, so Detroit's concerns are heard and addressed.

## Taxes:

The City of Detroit and the State of Michigan are widely recognized for their high taxes. Taxes are a factor for all types of development including housing. Property tax abatement is widely used to encourage industrial and commercial developments; in addition, tax abatement helps Michigan compete with nearby States that offer tax abatement.

Income tax - The State of Michigan levies a 4.6 percent income tax on Michigan residents, and the City of Detroit levies a 3 percent income tax on Detroit residents. The City income tax is a more important revenue source than the property tax, which is shared by the City, Wayne County, and the Detroit School District.

Some senior citizens and homeowners can qualify for a small credit on their state income tax based on their property taxes.

Utility tax - The City of Detroit levies an excise tax on electric, gas, phone, and water and sewer utility services. This tax has become a significant revenue source for the City even though the rate is only 5 percent. This tax is most burdensome for low-income families.

Property tax - The property tax millage for the City of Detroit has decreased slightly most years starting in 1979-80. At the same time, the County and school millage has been increasing steadily. The end result is one of the higher overall property tax burdens in the area. Property tax reform and the State income tax have become major political issues for candidates for State office. In 1992, the State passed Neighborhood Enterprise Zone legislation to enable 16 cities including Detroit to reduce property taxes on housing in selected areas of these cities. In these areas, homeowners can apply for tax benefits which permit them to pay half the state millage rate for 12 years. This benefit applies to residential properties which are rehabilitated or newly construction.

**STRATEGY: THE CITY WILL CREATE NEIGHBORHOOD ENTERPRISE ZONES TO ENCOURAGE REHABILITATION AND CONSTRUCTION OF HOUSING IN SELECTED AREA OF DETROIT..**

Some type of property tax reform is likely to be passed, but the revenue loss will have to be made up with an offsetting increase in another tax. The impact on housing costs is likely to be minimal.

#### Land costs and write-downs:

Land costs for housing development are generally reasonable in Detroit, due to supply and demand factors. At the same time, housing developers often seek land cost write-downs to cover site preparation costs, and to improve the economic feasibility of their projects.

The ability of the City to offer land cost write-downs is limited by the availability of funds. Increased Federal or State support for affordable housing would improve the availability of land cost write-downs.

#### Utility costs and hook-up fees:

Water and sewer service costs in Detroit are generally considered to be moderate; water from the Great Lakes is relatively clean and does not require extensive treatment before use. The cost of sewer service is likely to increase, as additional wastewater treatment is required to meet Federal effluent standards for water discharges.

Natural gas and electric power rates tend to be slightly above average. The cost of electric power is expected to increase, as the company recovers its investment in Fermi II nuclear power plant through rate increases. The plentiful supply of natural gas should keep gas prices under control for a few more years.

The City of Detroit excise tax on utility bills has the effect of increasing utility costs for homeowners and renters. This tax has become an important revenue source for the City of Detroit.

Water and sewer hook-up fees depend on the distance between a building to be served and the line being tapped, and the size of the service line. In the typical situation, both water and sewer service can be established for a new single-family home for under \$500. The fee is based on the cost of the required inspections.

#### Zoning regulations:

Zoning regulations are a frequent concern of housing developers, due to the potential costs and additional time required for zoning reviews and approvals. Parking requirements for residential use vary; a single-family unit requires two parking spaces, while apartment buildings require 1.25 spaces per unit. Parking requirements can be adjusted, i.e., a senior citizen apartment building located along a major bus line may not require the full number of parking spaces specified in the ordinance.

The minimum zoning lot sizes for residential use range from 5,000 square feet for a single-family unit to 7,000 square feet for an apartment building. These are very reasonable minimums, and are well

below the point where lot sizes would impact housing costs. Developers of multi-family housing must budget for the added cost of making a building accessible to the handicapped.

The Zoning Ordinance is administered by the Building and Safety Engineering Department and the Board of Zoning Appeals; both of these agencies charge a fee to conduct a zoning review or appeal, to underwrite staff and public hearing costs.

The Detroit Zoning Ordinance does not include any regulations intended to control growth.

#### Development processing

Housing developers frequently complain about the number of different City departments that must approve a project - before it can proceed. They would prefer to have one-stop permit approval by a single official. The City has already taken action to simplify the approval process, when it created a development department for most operating functions for residential, commercial, and industrial development and rehabilitation. In addition, the Fire Code is administered by staff of the Fire Marshal's office. This staff is located in the Building and Safety Engineering Department. The Building Department issues construction permits, inspects work in process, and issues certificates of occupancy after final inspections. Because of the range of issues that may arise in the processing of a development proposal, it would be impractical to mandate a time period for department reviews.

The City will continue to seek ways to improve development processing; development staff training might be very beneficial, and more practical than a major reorganization of City departments.

#### Building code requirements:

The City of Detroit uses the National Building Code as published by the Building Officials and Code Administrators organization. This widely used code is updated every three years; State law requires that the City use the revised version when it becomes available. The BOCA organization incorporates new building materials in their code, after an evaluation by their research group. In addition, the City usually approves materials that have a UL approval; experimental materials are not approved.

The City allows the use of State-approved factory-built housing, as long as the housing compatibility requirements of the Zoning Ordinance are met.

Building permit fees as established by the Building and Safety Engineering Department are based on the cost of plan reviews and inspections for construction work in process. A reduction or elimination of permit fees could result in inadequate inspections of work in process, and increase the opportunity for poor quality or unsafe construction work.

#### Code and ordinance enforcement:

The enforcement efforts of the City are designed to correct code and ordinance violations. If efforts to achieve compliance are not successful, violation notices are issued. Ordinance violations are heard

by the 36th District Court; the volume of complaints is very high, and the penalties assessed by the judges tend to be modest. Many cases have to be adjourned because the violator does not appear.

The Building and Safety Engineering Department has a separate court unit to handle their court appearances, and a manual has been developed to assist the District Court judges. The department also conducts training sessions for new judges.

Group homes (adult foster care):

The City of Detroit has an exceptionally large number of group homes for seven or more residents relative to its total population. Concentrations of group homes have developed in some neighborhoods where the typical home is quite large; these neighborhoods have become less attractive for many Detroit families.

The group home problem led to the adoption of additional zoning regulations to guide the location of group homes, and prevent the development of additional concentrations of licensed facilities. Group home permits can still be issued for locations that meet zoning requirements.

Lead-based paint:

The widespread use of lead-based paint in the interiors of older Detroit homes creates a costly problem for housing rehab programs. Lead paint chips are very toxic for children; health regulations require the removal of lead paint from areas that children can reach.

Development fees:

Development organizations must pay additional fees to obtain the specialized professional and technical services to create a project; legal fees, investment syndication fees, and management fees can be substantial. Fees of this type may be a particular problem for community-based development groups that have no staff of their own.

#### **4.7. Lead based paint hazards**

During the next five years, the City of Detroit will begin several initiatives addressing lead-based paint hazards in the city's housing stock. Evaluation and lead-based paint hazard reduction will be carried out in three major ways, the Housing Commission's Comprehensive Plan, implementation of Title X requirements, and operations of the LPPCP. In 1994, the Health Department received funds from the HUD-Round Three to evaluate and reduce hazards in privately owned housing. Three hundred homes of children identified with lead poisoning will have hazards reduced during this project. Implementation of the requirements Title X will integrate evaluation and hazard reduction activities into the city's ongoing housing policies and programs.

In addition, Detroit City Council members alarmed by the number of Detroit children found to have dangerously high blood lead levels took steps to combat this problem. City Council 1) passed a resolution urging the Congressional delegation to make additional funding available for lead paint abatement and treatment, 2) allocated \$367,000 in CDBG funds to support HUD's lead abatement grant to the Detroit Housing Commission to rehabilitate eligible contaminated homes, and 3) mandated that City approved home repair applications from homes with lead poisoned children (blood lead levels of 10 micrograms per deciliter and above) be given priority.

City Council also reduced or eliminated funding to Home Repair groups with small recommended amounts, while, at the same time, increasing funding to qualified groups with existing Home Repair applications. City Council also funded both the Low/Moderate Income Home Repair and Senior Citizen/Emergency Home Repair programs, and increased funding to SEMCOSH specifically to provide for lead clean-up and training of staff.

The following are goals which, when implemented over the next five years, will enable Detroit to reduce the gap between the need for affordable lead-safe housing and the supply.

**STRATEGY: INTEGRATE PROVISIONS OF TITLE X, LEAD HAZARD EVALUATION, AND REDUCTION ACTIVITIES INTO EXISTING HOUSING PROGRAMS.**

##### **A. Housing Rehabilitation Activities**

All housing rehab will be conducted in accordance with the National Affordable Housing Act of 1993 (Title X). Inspections for the presence of lead-based paint will occur prior to any federally funded renovation or rehabilitation that is likely to disturb painted surfaces. Lead-based paint hazard reduction activities will be incorporated into rehabilitation work for all projects receiving \$5,000 to \$25,000 per unit in federal funds. Abatements of lead-based paint hazards will occur in conjunction with rehabilitation projects receiving more than \$25,000 per unit in federal funds.

All contractors and workers used for rehabilitation and weatherization projects will be trained and certified for safe lead-based paint hazard reduction and removal by a school using the approved U.S.



Environmental Protection Agency's criteria. Contractors and workers will be required to follow the safety guidelines developed by the Occupational Safety and Health Administration (OSHA).

## **B. Housing Inspection Activities**

All City of Detroit housing inspectors will attend in-service training on methods for identifying lead-based paint hazards. Each City agency with responsibilities for inspecting homes, pre-schools, day care centers, and other facilities where children under the age of six spend substantial amounts of time will integrate lead-based paint hazard identification methods into their inspections protocol.

A lead safe standard for rental properties will be incorporated into the inspectors' annual rental certification inspection. Units will be designated as lead safe if this standard is met and maintained. The property will be added to the City's central registry of known lead safe housing.

Every effort will be made to assist homeowners and rental property owners with achieving and maintaining lead safe housing. A lead-based paint advisory will be distributed by all city housing inspectors.

A lead safe check list will also be developed which owners of rental properties can use to monitor the lead safety status of residential units. It will be intended as a guide for an annual safety check or for use prior to occupancy by new tenants. The lead safe check list will be available to private home owners.

Owners of rental properties will have the opportunity to attend Health Department training sessions on essential lead safe maintenance practices and how to monitor lead-based paint safety in their properties.

Similar literature and training will also be available for tenants so that they can be informed participants in the effort to ensure lead safe housing.

## **STRATEGY: IDENTIFY HOUSING CONDITIONS AND NEIGHBORHOOD CHARACTERISTICS FOR PRIORITY DESIGNATIONS.**

In order to distribute available resources to those most in need, the Health Department, Lead Poisoning Prevention and Control Program will develop a method for identifying high risk areas based on characteristics of individual households and neighborhoods. The high-risk areas identified in these reports will be given priority for services, including specific hazard evaluation and reduction activities as well as individual and community education. Households with the highest priority for lead-based paint hazard reduction will be those where children under the age of six with lead poisoning reside.

A risk classification system will be devised and neighborhoods placed in categories ranging from very high to very low risk for lead-based paint hazards in housing stock. An assessment of the need for lead safe housing would also be made.

The factors used to develop this risk classification system will be as follows:

- Unmet need for affordable lead safe housing, as determined by the number of very low and low income families with children under the age of six living in pre-1940 housing;
- Number of identified lead poisoning cases;
- Overall age of housing;
- Condition of housing;
- Percent of rental properties occupied by families with very low and low incomes.

#### STRATEGY: LEAD-BASED PAINT HAZARD REDUCTION PROJECT

The Detroit Lead-Based Paint Hazard Reduction Project will conduct hazard reduction in 300 dwellings in which a child identified with lead poisoning resides. The Project will also conduct public information and education in high risk neighborhoods.

Care will be taken to ensure that selected housing is suitable for a substantial investment and will remain housing for low to moderate income families with young children for a specified period of time.

All contractors must be State-certified. A strict evaluation procedure will be followed during each project to evaluate the safety, quality and cost-effectiveness of the procedures used on each project.

Hazard reduction methods will be selected on the basis of both cost and effectiveness. Guidelines for full and less-than-full abatements will be developed.

All children under the age of six occupying housing units selected for hazard reduction will receive blood lead testing prior to the initiation of the reduction activities. They will also be tested six months and one year after the hazard reduction activity is completed. All test results will be recorded. If there are children who have elevated blood lead levels, based on the October 1991 Centers for Disease Control Guidelines, referrals will be made to assure appropriate medical treatment

#### STRATEGY: CONDUCT PUBLIC EDUCATION CAMPAIGN TO INCREASE COMMUNITY AWARENESS ABOUT CHILDHOOD LEAD POISONING PREVENTION

Community awareness about childhood lead poisoning and safe lead-based paint removal, and prevention of lead poisoning will be carried out by the Detroit Health Department in addition to city housing and inspection programs. Geographical priority areas will be designated by methods discussed under GOAL III. Other agencies active in the community will be recruited to participate

in the public awareness campaign. Literature will be distributed and presentations to groups will be offered.

Realtors will be requested to provide home buyers with an informational brochure on lead-based paint dangers in pre-1978 housing. A list of certified contractors and inspectors will be made available to realtors, buyers and sellers of pre-1979 housing.

#### STRATEGY: REVISE CITY CODE ON LEAD POISONING

The City of Detroit Health and Safety Code 24-10, providing for lead-based paint poisoning prevention will be updated to reflect current knowledge in lead poisoning prevention and management.

### **4.8. Anti-poverty strategy**

#### **4.8.1. Reduce poverty level households**

#### **4.8.2. Coordinate affordable housing with other programs**

As a means of reducing and preventing poverty, the City assigns highest priority to attaining full employment for its residents, with special attention given to those with low skills and other special needs.

All major development is assessed for maximum potential for temporary and permanent job retention and creation. The City's community and economic development activities all have the goal of improving the availability of employment and/or access to employment.

The City will continue to follow this policy as the major means of combating poverty.

It is realized that training and re-training in many cases are the only means for equipping persons out of work with the skills to take jobs which become available in the current and future work place.

#### EMPLOYMENT AND TRAINING ISSUES

##### Literacy

In analyzing and exploring employment and training issues literacy cannot be ignored. In the 1998 publication entitled, The State of Literacy in America and in consultations with local literacy organizations, we found there is a link between literacy and poverty as well as the type of employment that can be obtained. This report estimates that 47 percent of Detroit residents operate at a literacy level that does not allow them as much leeway to prosper socially or economically as residents operating on a level of 4 or 5.

The whole idea of literacy has changed over time, from being able to read and use printed materials at a basic level to being able to function effectively in today's society. In 1991 Congress defined literacy, in the National Literacy Act, as "an individual's ability to read, write, and speak in English,

and compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve one's goals, and develop one's knowledge and potential". Today literacy is considered to be on a continuum. The National Adult Literacy Survey divided the continuum into five levels with five being the highest skill level and one the lowest skill level.

As discussed in The State of Literacy in America report, adults on level 1 are not "illiterate" they can perform many tasks but not at a level that allows them to function at an optimally. According to an official from Literacy Volunteers of America (LVA), as our society becomes more technological we will see individuals operating at the lowest literacy level continue to struggle socially and financially. For example, even at fast food chains, a "counter person" taking your order must be able to read to operate the computer that records your order. This means a person with level 1 literacy skills, without intervention, is destined to remain at the "fry guy" level even in a fast food chain.

The Literacy in America report also states that low literacy skills are closely connected to the social problems related to poverty. This was echoed in our discussions with officials from Dominican Literacy Center (DLC) and LVA. Low literacy is related to being on welfare, earning a low wage, being underemployed, and being in prison. To attack this problem DLC and LVA have started various programs. DLC has developed computer literacy programs as well as computerized learning programs while LVA has developed programs with Detroit Public School children. Both groups coordinate efforts with other agencies at the state and local level to meet the needs of Detroit residents.

#### Employment and Training Department Initiatives

The following information was extracted from the Detroit Employment and Training Department's Comprehensive Five-Year Local Plan (July 1, 2000-June 30, 2005) and the Youth Transitional Plan (April 1, 2000 - June 30, 2005). The reports give a brief history of employment and training in Detroit as well as employment initiatives by the Employment and Training Department.

The southeast Michigan regional economy was one of the great regional economic success stories for the entire country in the 1990's. According to the Southeast Michigan Council of Governments (SEMCOG), employment and income have expanded substantially and unemployment has been cut dramatically. Detroit has shared in the region's economic success and is expected to continue to do so.

The decline in Detroit's population that has been underway since the 1950's continued through the 1990's, but this trend is expected to slow and may be reversed in the early years of the new decade. According to the Detroit Michigan Works! Agency (MWA) Annual Planning Information Report (APIR)-Program Year (PY) 2000, the number of people living in Detroit dropped by 27 percent between 1990 and 1996 and hovered just above 1 million persons. However, with the many business investments underway and planned for the next five years, more working age people are being attracted to the city. An indicator of this projected trend to repopulate the city is the demand developers report at each of Detroit's numerous new housing developments. Also encouraging are the Detroit MWA's labor force indicators. During the 1980's the labor force declined by 22.6 percent.

This decline slowed dramatically during the 1990's. By 1998, there had been only a one percent decline in the labor force since 1990.

Unemployment rates have moved in a positive direction, according to the Detroit MWA APIR-PY 2000, dropping from 14.3 percent in 1990 to 7.2 percent in 1998. While this rate is still substantially higher than the neighboring MWA and the state as a whole, it nevertheless is a strong indicator of improved economic conditions for the city's workforce. Based on job projections for the next five years, this rate should continue to fall.

Unemployment in the city disproportionately impacts youth, ages 16-24, and African American and Hispanic men. Among youth, the rate of unemployment ranged from 11.3 percent for 20-24 year old females up to 19.9 percent for 16-19 year old males. African American males of all ages were experiencing an unemployment rate of 9.3 percent. The rate for Hispanic males was slightly lower, at 8.7 percent. It will be a major goal of the MWA and its Workforce Development Board (NBD) to address the needs of job seekers in these distressed groups during the next five years. The report further states that as of 1998, the local job market was concentrated in the areas of services (30.9 percent of employment opportunities), manufacturing (20.8 percent), retail trade (17.4 percent) and government (11 percent). Among these industries, services experienced the area's second strongest job growth, with an addition of 114,000 jobs representing a 21 percent increase, during the five year period from 1993-1998. This rate is expected to continue during the early years of the 2000 decade, especially in the areas of hospitality, entertainment, restaurants, business services and health services.

Among the area's other large employment sectors, job growth was slower or nonexistent. Manufacturing grew by 5.5 percent, an increase of 23,000 jobs. Despite this relatively slow growth rate, manufacturing, particularly auto manufacturing, is expected to have thousands of job openings between now and 2005 due to the large number of its current workforce reaching retirement age. Retail trade, with 8.6 percent growth (29,000 jobs) over the five mid-decade years, remained a strong employment area. The continuation of a stable economy is expected to support a comparable growth rate through 2005. On the other hand, government experienced zero growth during the five years. The drive for smaller government at all levels remains on the agenda, and it is not expected that there will be significant growth in government employment in the next five years.

Construction and mining, representing only 4 percent of the total labor market, was the top job growth industry in the Detroit metropolitan statistical area, growing by almost 45 percent, or 26,000 jobs, between 1993 and 1998. It is expected to continue to show strong growth because of the boom in housing and commercial construction projects planned for the city and the region.

Wholesale trade and the transportation, communications and utilities industry experienced double-digit growth during the period 1993-1998, increasing by 14.9 and 12.9 percent, respectively. Comparable growth in these areas is expected to continue.

Two labor supply indicators, total unemployed and total graduates, suggest that the current tight labor market will continue. The number of unemployed in Detroit is declining and that trend is expected to hold. The number of high school graduates increased slightly in the 1997-98 school year in Wayne

County, which could contribute to the labor supply. However, both community colleges and universities in the area graduated fewer students in that period. This suggests that the labor shortage will be especially acute in job areas requiring post-secondary education.

The Detroit MWA APIR-PY 2000 forecasts a job growth rate of 9.3 percent for the Detroit area economy between 1996 and 2006. The ten fastest growing occupations for the Detroit Metropolitan Statistical Area (MSA), in order of growth rate, are—computer scientists and engineers, systems analysts, computer support specialists, adjustment clerks, physical and corrective therapy assistants, electrical and electronic engineers, sports instructors and coaches, paralegals and personal and home care aides. The occupations with the largest numeric growth are systems analysts, retail salespersons, cashiers, general managers and top executives, computer and mechanical engineers, hand packers and packagers, reception and information clerks, food preparation workers, and home health aides. Other occupations have slower but nevertheless significant growth expectations. Auto mechanics, building trades occupations such as painters and roofers, highway construction paving, surfacing and tamping operators, emergency medical technicians, registered nurses and engineering technicians all have moderate projected growth rates. In most cases, these occupations are projected to have over 100 annual openings.

All these positions require basic employability skills, such as reliability, team work and a positive attitude. Most require additional skills, such as good reading comprehension, active listening and speaking skills and the ability to gather information, identify problems and make decisions. Some occupations have degree requirements. Computer engineers, computer scientists, engineers, system analysts and registered nurses must have at least a bachelor's degree. Physical therapy assistants, paralegals, engineering technicians and computer support specialists require at least an associates degree. Post-secondary vocational training is required for home health aides, adjustment clerks, emergency medical technicians and auto mechanics. On the job training is sufficient for retail salesperson, cashiers, handpackers and packagers, reception and information clerks, food preparation workers, roofers, painters and highway construction workers.

The Detroit MWA and Workforce Development Board currently oversee the operation of three one-stop service centers and three satellite service centers. All mandated programs of the Michigan Works! Service Center system will be represented at one or more of the six Service Centers, or there will be an electronic connection and referral process to their delivery site. It is expected that the three satellites will become full service sites by 2001. The emphasis during this period will be on program and service integration so that related services are coordinated to the greatest extent possible, with little or no duplication. Although all centers do not offer the same array of services, the following are available at one or more sites: employment services as well as literacy and General Education Degree (GED) support. Other support services include, in some cases, day care centers, substance abuse services, entrepreneurship training, dislocated worker employment and training activities and re-employment services through the Trade Adjustment Assistance (TAA) and North American Free Trade Adjustment Assistance (NAFTA) programs. Priority for these services is given to public assistance recipients, other low-income persons, and in some cases, veterans

Youth Services

According to the Annual Planning Information Report, 1999, Detroit's youth population, ages 14-21 is 133,595. Approximately 78,000 are economically disadvantaged and 28,000 are employed. The Detroit Public School district-wide poverty rate among all students is 70 percent. The district's four-year drop out rate, as of June 1999, is 33 percent.

The Employment and Training Department goals regarding youth in the City of Detroit are to:

Design service strategies for out-of-school youth;

Create effective linkages necessary to establish and sustain an ongoing relationship with the Detroit Public Schools;

Develop a comprehensive system, including both quantitative and qualitative elements, to evaluate the local delivery of youth services;

Develop a comprehensive strategy for developing a universal system that will achieve the ten desired outcomes for youth specified under WIA

Establish Family Day events comprised of activities organized for youth, siblings and parents that will include dissemination of information on training and employment opportunities, such as demonstrations of vocational trades, workshops and community opportunities for youth;

Lead an initiative to recruit private sector support and involvement; and

Propose strategies for involving youth, parents, employers and community leaders in youth program development.

The local system will emphasize service delivery to economically disadvantaged and unemployed youth. The City of Detroit will serve at least 30 percent "out-of-school" youth under this plan. Through a combination of the Youth Council, the Advisory Group, the One-Stop Career Centers and the Youth Opportunity (YO) centers, the Detroit NBD has assembled a comprehensive array of services available to eligible youth.

Human Service Department Programs:

It is recognized, also, that the lack of employment is a major disruptive force in the lives of families, individual residents and the total community. A major portion of the social problems experienced by households is directly tied to the lack of income. To the extent possible the need for services to address every-day problems must be addressed.

The City provides such services to those who are identified as having incomes at or below the poverty level through its Human Services Department in coordination with other city departments, state and non-governmental agencies which serve persons with incomes at this income level. The services are provided through the agency headquarters and Neighborhood Service Centers.

The services are varied and include: the Head-Start program for low income families; transportation services for handicapped and elderly clients; the Mayor's Hot-line for emergency foods service programs; tax assistance which is provided through staff and contracted agencies; weatherization services; contracts with other agencies for emergency night-time shelter for the homeless; used clothing closets; surplus commodities distribution; college preparatory assistance through contracts with other agencies; heat bank services which deal with heating bill problems; drug treatment; counseling for homeless families; family and individual counseling and comprehensive needs assessment for roughly 31,000 sessions annually; primary health care roughly 22,000 patients per year through a contract with the Detroit Health Department; and other emergencies, as directed.

Further, its Head Start program and the Detroit Housing Commission jointly sponsor activities which include the provision of employment for residents of Public Housing. Several other aspects of the Public Housing Program include employment opportunities.

Detroit Health Department Programs:

Finally, the Detroit Health Department provides primary health care services to low income persons, including those without insurance.

Coordination:

Coordination of the anti-poverty related services of city agencies is provided by the group executive structure of the Mayor's office. Executive assistants to the Mayor are assigned to coordinate the activities of related departments. These executive assistants and the related department directors and deputy directors meet on a regular basis to coordinate activities.



#### **4.9. Institutional structure**

##### **4.9.1. Description**

##### **4.9.2. Relationship of jurisdiction to public housing agency**

##### **4.9.3. Actions to overcome gaps in institutional structure**

This section of the HUD consolidated plan discusses the various types of institutions involved in the affordable housing program and in housing for the homeless and for persons with special needs. For each type of institution the following information is provided:

- role
- relationships with other institutions
- strengths
- weaknesses
- proposals for strengthening the institutions
- list of some involved institutions

The major government agencies involved in Detroit's housing and community development program are the City of Detroit, the Michigan State Housing Development Authority, and the U.S Department of Housing and Urban Development.

#### **CITY OF DETROIT**

The City of Detroit through its Planning and Development Department (PDD) maintains a "headquarters" for an effective local housing network. It receives funding from other levels of government and operates programs with many neighborhood groups which are involved in programs of home repair. In many cases the City is the sole financial and technical resource for these groups.

PDD receives CDBG funds from HUD to support housing and community development activities. In addition, the Department works with developers of subsidized MSHDA-financed housing for seniors and low moderate-income people.

PDD, along with the Detroit Department of Buildings and Safety Engineering, administers the Repair and Own Program and the Nuisance Abatement Program. These programs were created in order to provide low cost housing for Detroit residents, and to return tax reverted City-owned properties to the tax rolls.

The Detroit Health Department is involved in efforts to increase housing for special populations with which it has contact such as the homeless with health problems and the HIV-infected population. This involves extensive contact with the networks which serve these populations.

The Detroit Housing Commission is responsible for the operation and maintenance of public housing facilities. In addition, the Housing Department selects and places tenants and controls all issues regarding the availability of public housing units and the quality of life for the public housing communities.

The Detroit Human Services Department (HSD) develops and carries out the weatherization programs funded by the Michigan Department of Labor. These programs reduce energy costs of privately owned low income homes and rental multiple dwellings. HSD also provides mortgage counseling to target area residents.

The Detroit Senior Citizens Department maintains a list of available regular and subsidized rental housing units for seniors to use as a referral service for senior citizen placement.

The City of Detroit is an entitlement recipient of Community Development Block Grant funds from HUD. The CDBG has a major focus on neighborhood revitalization and in Detroit is the source of funds for the Neighborhood Opportunity Fund (NOF) which provides many neighborhood groups with funding for their housing programs. Typical activities are: home repair for persons with low to moderate incomes; residential public improvements such as lighting, trees, and barrier free curbs; rehabilitation of public facilities for organizations which have ongoing programs and operating budgets; neighborhood commercial strip improvements and incentive grants; and public services, such as home owner counseling, legal aid, crime prevention, crisis intervention, etc., in accordance with CDBG regulations and limitations.

## STATE OF MICHIGAN

Several State agencies are involved in providing affordable housing and supportive housing in Detroit. The role of these agencies are described below.

### MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

The Michigan State Housing Development Authority is the State's major mechanism for the development of housing.

MSHDA finances housing programs for low-moderate income residents that includes new housing construction, housing acquisition and rehabilitation, technical assistance, mortgages and mortgage interest rebate programs. In addition, it provides low-cost home improvement loans for Michigan residents with low and moderate incomes.

Among its programs is the Neighborhood Builders Alliance which includes programs which are available in Detroit including Neighborhood Grants, Michigan Neighborhood Corps, Detroit Compact, Neighborhood Preservation Program, and Technical Assistance.

### MICHIGAN FAMILY INDEPENDENCE AGENCY.

The Wayne County Family Independence Agency provides grants which include shelter allowances for its very large clientele of low and very low income individuals. The recent reductions in these

grants and the partial elimination of vendor payments directly to the owners of rental properties has caused considerable concern for the future housing choices for this clientele.

## FEDERAL AGENCIES.

The United States Department of Housing and Urban Development (HUD) distributes and monitors CDBG funds, maintains several mortgage and mortgage insurance programs that increase housing opportunities by lowering down payment requirements and insuring private lenders against foreclosure losses. It manages and controls public housing with direct control of all contracts and procurement.

HUD is the administering Federal agency for the programs established under the new National Affordable Housing Act.

## FINANCIAL COMMUNITY PARTICIPATION IN HOUSING.

The financial community participates in housing and community development activities through the Local Initiatives Support Corporation (LISC), through several bank development corporations, and through the normal mortgage and lending activities of banks and savings and loan associations.

### Local Initiative Support Corporation (LISC)

The LISC approach is based on the premise that locally-oriented physical change is a uniquely powerful tool for revitalizing communities. Affordable housing, vital commercial facilities and job-creating industrial projects help people in tangible, measurable ways. But beyond such visible improvements, successful community development stimulates outside investment, recruits indigenous leaders, and forges productive alliances among residents, local government, corporations and foundations. Detroit is one of the 25 "areas of concentration" in which LISC operates around the country. It is supported by the Renaissance Foundation, Hudson Webber Foundation, McGregor Fund, Manufacturers Bank, and First of America Bank. Detroit LISC will be working with the City of Detroit in the development of housing activities under its Comprehensive Housing Affordability Strategy

## NON-PROFIT CORPORATIONS.

Non-profit housing corporations and other community-based nonprofit corporations have been formed to address the housing problems of low- and moderate-income residents and neighborhood deterioration. They offer a wide range of services and information which can include the administration of home repair programs which emphasize the correction of health and safety hazards and violations, the acquisition, repair and resale of housing using varying financing tools like lease purchase and land contract. They also provide inspection service, pre-mortgage counseling, tenant organizing in both publicly and privately owned buildings. Many of these organizations have enlarged

the range of their activities by encouraging volunteer activity such as the Paint the Town program in which property owners purchased the paint and volunteers painted over 250 houses this year alone. These smaller organizations tend to work in a specific community-based area so they become more knowledgeable about the unique problems of the particular area. One of these groups did a house-to-house windshield survey of their area, targeted the worst block, purchased and repaired one home, worked to get three homes that were beyond repair demolished by the City, and in effect have started the turn around of a neighborhood.

## ASSESSMENT AND IMPROVEMENT OF THE INSTITUTIONAL STRUCTURE

This review of the various levels of government programs and funding mechanisms, organizations, corporations, foundations, coalitions, and agencies interested in producing affordable housing suggests that the required skills and resources are available, somewhere. There clearly is a need to continue to identify the emerging new "actors" involved in housing. An affordable housing "clearing house" could produce and maintain a directory of the "actors" and their areas of expertise. Housing conferences and training sessions can be used to help people network and develop contacts and linkages with new groups and resource people.

People or organizations who can assemble the various "actors" and resources, programs, and funding mechanisms into a package that will result in affordable housing units are also required. Neighborhood organizations, church groups, labor unions, and individuals able to provide the entrepreneurial skills can succeed.

#### **4.10. Coordination**

##### **4.10.1. With public and assisted housing providers**

##### **4.10.2 With social service agencies**

##### **4.10.3 With other governmental agencies**

City agencies meet regularly with other governmental agencies, with non-profit and private service providers, and with advocacy organizations in their area of responsibility. The Detroit Planning and Development Department coordinates the planning activities of these agencies and is frequently in contact with public and private agencies providing services and housing. This contact may be through community meetings, public hearing, and topic oriented meetings.

In addition, there are a other mechanisms for coordinating public and private housing and social service providers. A few of these mechanisms are describe below.

#### **DETROIT PLANNING AND DEVELOPMENT DEPARTMENT (PDD)/MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY (MSHDA) MEETINGS**

PDD and MSHDA meet regularly, usually once a month, to review the availability of resources and their allocation to various housing development activities in Detroit. These meetings discuss the status of various projects, including projects in the early planning stage as well as projects under construction. Problems of financing from developers, owners, etc., and from the various federal, state and other programs are discussed and resolved. Problems regarding infrastructure improvements, marketing, etc., are also discussed and resolved.

#### **LOCAL INITIATIVES SUPPORT CORPORATION (LISC)**

The board of the Detroit LISC is composed of members representing local banks, utility companies, City government, private foundations, etc. The board and the LISC staff collaborate with local community development organizations, government agencies, corporations and foundations to seek and use available resources for housing development for low-income persons.

#### **CITY/SOCIAL SERVICE AGENCY COORDINATION**

City departments, including Senior Citizens, Human Services, Public Housing, Recreation, and Employment and Training, maintain an on-going coordination activity with social service agencies. Activities include both planning and service delivery coordination.

## COORDINATION OF HOPWA PROGRAM

Community coordination of HOPWA funds is assured through the Southeast Michigan HIV/AIDS Coordinating Council (SEMHAC), a representative which monitors federal and state funds in the Detroit EMA, including Ryan White C.A.R.E. Act dollars, and private initiatives. Michigan Department of Public Health, HIV/AIDS Prevention and Intervention Section (MDPH/HAPIS) staff participate in SEMHAC giving input on the MDPH administered Title II (continuum of care) monies as well as other issues. SEMHAC provides specific guidance through its active, ongoing committees, among them, Needs Assessment, Strategic Planning and Resource Development.

SEMHAC also receives input and recommendations from groups such as the HIV Service Coalition, a group of community-based service providers, public health department representatives and Persons Living with HIV/AIDS. Input has been elicited through numerous public hearings, written surveys, the housing needs assessment as well as the Ryan White Care Act Needs Assessment, and various HIV/AIDS service organizations.

Case management has proven to be key in providing comprehensive services, including housing, to the HIV + population and their families. HOPWA funding is coordinated with the Ryan White Care Act funds by the Detroit Health Department to ensure a continuum of funding. HOPWA has also increased their collaboration throughout the Detroit EMA with private funding sources to enable providers to access other funding streams.

### **4.11. Public housing resident initiatives**

The Detroit Housing Commission will work closely with its residents, their councils, and the United Tenant Speaks (UTS), the body on which all the public housing developments and the scattered sites residents are represented, to actively promote its Residents Initiatives Program. The major elements of this program are: training residents in technical, management, and leadership skills involved in managing public housing; development of an organization structure including block, building, and floor captains; and development of programs designed to promote economic development and resident self sufficiency.

#### **Detroit Housing Commission RESIDENT INITIATIVES PROJECTS**

##### **1. Implement programs to enhance the economic development of residents.**

Objective: To ensure public housing residents opportunities for economic development.

Programs:

- The economic development area will provide work training programs for resident employees, resident councils, and UTS under the lobby door monitor program.

- In cooperation with the Detroit Employment and Training Department, the Summer Youth Employment Program will employ roughly 200 students (ages 14-22) at all public housing sites.
- Food and Friendship/Meals on Wheels programs will provide employment opportunities to residents who act as food directors and distributors.

Strategies:

- Require all contractors to hire and train public housing residents
- Work with various City departments to develop economic opportunities for public housing residents

## 2. Establish Resident Management Programs

Objectives:

- Enable residents to manage their developments or portions of their developments
- Enhance supportive services for residents

Programs:

- Implementation of the Tenant Opportunities Program (TOP)
- Resident participation in the Drug Elimination Program

Strategies:

- Detroit Housing Commission personnel and resident initiative coordinators (RIC's) provide support to residents
- RIC's will service as liaison to residents
- Training of residents

#### **4.12. Other City of Detroit Plans**

##### **4.12.1. Empowerment Zone Strategic Plan**

##### **4.12.2. Detroit Master Plan**

##### **4.12.3. Detroit Capital Agenda**

##### **4.12.4 Overall Economic Development Plan (OEDP)**

##### **4.12.5 Community Reinvestment Strategy**

The City of Detroit has several plans, which relate to its overall housing and community development program. Perhaps the most relevant plans are the city's Master Plan; its Capital Agenda; its Overall Economic Development Program; and the Community Reinvestment Strategy..

#### **EMPOWERMENT ZONE STRATEGIC PLAN**

In the first half of 1994, and in response to an invitation by President Clinton's Community Enterprise Board, the City of Detroit in partnership with its Empowerment Zone Coordinating Council, the State of Michigan, and the County of Wayne developed an application for federal designation as an Empowerment Zone.

This application nominated an 18.35 square mile poverty stricken area of the City for designation. The application included a strategic plan which outlined goals and program to create economic opportunity, to sustain competent, healthy and safe families, and to restore and upgrade neighborhoods in the zone.

In December, 1994, President Clinton announced that the Detroit application was one of those selected for federal designation.

Although the Empowerment Zone program is designed primarily to improve a portion of the City, the success of the Empowerment Zone programs and activities will have important consequences for the overall revitalization of the City.

#### **DETROIT MASTER PLAN**

The City of Detroit is guided by a master plan containing over 300 policies related to the social, economic, and physical development of the city. The plan, called the Detroit Master Plan of Policies, was adopted by the Detroit City Council in 1992. The major difference between the current and the former comprehensive plans lies in the greater importance attached in the current plan to explicit social and economic goals.

Economic policies in the master plan address the needs of the manufacturing and service sectors, the challenges of retraining and re-educating the labor force, and the increased participation of women in the work force. Some of the specific policies are: to work toward full employment; maintain an economic development planning and delivery system; upgrade and enforce rules to provide equal



employment opportunities; recognize the role of high technology; and maintain an inventory of available industrial sites.

Social goals and policies within the plan provide for a socially healthy community and address a wide range of social needs. They specifically address the need to insure a safe and secure educational environment; insure opportunities for adult education; encourage development of a value system that upholds the general ideals of society; protect the health of residents; prevent and treat drug and alcohol abuse; prevent child, spouse, and parent abuse; and support neighborhoods/community-based self-help organizations involved in construction, conservation, or rehabilitation efforts.

Physical development policies include: conservation of the city's physical resources; optimal reuse of vacant land; containment of neighborhood blight; land assembly for redevelopment and rebuilding of neighborhoods; redeveloping obsolete commercial thoroughfares; fostering the development of the Detroit Medical Center; providing public transit that is accessible, cost efficient, and promotes economic development; and grouping retail establishments into shopping centers.

#### DETROIT CAPITAL AGENDA

Each year, the Mayor proposes a list of capital projects to be financed over the following five years. The Capital Agenda is a planning document that indicates the major capital needs of the City. It also includes projects that need to be done for which sources of financing have not been identified.

#### DETROIT OVERALL ECONOMIC DEVELOPMENT PROGRAM (OEDP).

The OEDP is prepared periodically for the U.S. Economic Development Administration. It describes the state of the Detroit economy and reports on recent economic development activities in the City and changes in the City's economy. It outlines the City's economic problems, but also indicates areas of potential economic improvement. It provides an economic development strategy and implementation plan, and identifies development activities which are currently underway or which are expected to start within a short time.

#### COMMUNITY REINVESTMENT STRATEGY

The Community Reinvestment Strategy (CRS) is described in Section 2, Housing and Homeless Needs Assessment, Overview.

#### **4.13. Strategy Summary**

##### **4.13.1. Housing Strategy**

##### **4.13.2. Homeless Strategy**

##### **4.13.3. Neighborhood Strategy**

##### **4.13.4. Economic Development Strategy**

##### **4.13.5. Services Strategy**

#### **4.13. Strategy Summary**

This section categorizes and summarizes the strategies and program outputs described in this strategy section, the proposed projects table, and other sections of this plan.

Categorizing information simplifies presentation and facilitates understanding and recall. However, categorization often hides the relationships between strategies and programs. Many programs and activities have multiple goals and implement multiple strategies. For example, the City's housing strategy is intimately related to the City's neighborhood and services strategies and to the City's economic development strategy. The demolition of blighted buildings which inhibit investment is an important element in the City's housing, neighborhood, and economic development strategies. The rehabilitation of housing is an important element in the both the City's housing and neighborhoods strategies. The development of capable community based organizations is an important element in the City's housing, neighborhood, and economic strategies. These linkages and relationships must not be overlooked. Thus, in this summary, some programs and accomplishments will be duplicated under different strategy headings.

##### **4.13.1. Housing Strategy**

The City's housing strategy consists of preservation of the existing housing stock, development of new housing, reducing impediments to investment in housing, and increasing the capabilities of City agencies, community based organizations, and the private sector to provide housing. The strategy also includes the renovation and reconstruction of the City's public housing and the provision of services to foster economic independence of public housing residents.

##### **4.13.2. Homeless Strategy**

Detroit's homeless strategy provides for a "continuum of care". This strategy involves outreach and intake activities combined with assessment of the causes of homelessness, and then the provision of appropriate services to eliminate or alleviate such causes, and the provision of emergency shelter and transitional and permanent housing as appropriate. The goal is to eliminate the recurrence of homelessness by the individual and/or family.

#### 4.13.3. Neighborhood Strategy

Detroit's neighborhood improvement and development strategy includes the removal of blight, the improvement of services and facilities, the rehabilitation of homes, the construction of infill housing, and the encouragement of neighborhood organizations.

These activities are designed to maintain people in their homes and neighborhoods, to encourage private investment in the neighborhoods, and to encourage a sense of community among neighborhood residents.

#### 4.13.4. Economic Development Strategy

Detroit's economic development strategy includes assistance in land assembly and site preparation, removal of disincentives to development including the removal of blighted buildings and changes in City procedures for processing development projects, job training, technical assistance to business, and the encouragement of community based economic development.

#### 4.13.5. Services Strategy

Detroit's supportive services strategy includes assistance to the elderly and handicapped to remain in their homes, the provision of services and housing assistance to persons living with HIV/AIDS, the provision of services to low and moderate income persons to maintain them in their homes and neighborhoods, and the provision of a broad range of services designed to make Detroit and its neighborhoods a desirable place to live.

In addition to services provided directly, the City also provides assistance to community based service organizations to improve and expand their services and their facilities.

## **5. ACTION PLAN**

**5.1. Standard Forms 424**

**5.1.a Standard Form 424: CDBG**

**5.1.b Standard Form 424: ESG**

**5.1.c. Standard Form 424: HOME**

**5.1.c. Standard Form 424: HOPWA**

\*\*\* insert 424 form for CDBG

\*\*\* insert 424 form for HOME

\*\*\* insert 424 form for ESG

\*\*\* insert 424 form for HOPWA



## **5.2. Resources**

### **5.2.1. Federal resources**

### **5.2.2. Other resources**

In implementing our strategy, a wide variety of resources will be needed and used. Some of these resources are under the direct control of the City of Detroit. Many, however, are controlled by the Federal government, State agencies, non-profit organizations, private financial institutions, developers. The City of Detroit has and is developing continuing relationships with these non-City agencies. When the City identifies appropriate funding for activities which may be implemented by these agencies, the City contacts the agency, encourages the agency to apply for funding, and helps the agency prepare the application.

Moreover, frequently housing projects require combinations of resources from a number of these agencies. This section discusses the resources that are expected to be available for commitment in 2000-01.

The major federal funding sources for the program will be the Community Development Block Grant, the HOME program, the Emergency Shelter Grant program, and the Housing Opportunities for Persons Living with AIDS program. The chart below shows the funding expected from each of these programs, and a comparison to funding received from our 2000-01 grants.

**CITY OF DETROIT SELECTED FEDERAL ENTITLEMENT GRANTS**

| PROGRAM | 2000-01 GRANT | 1999-00 GRANT |
|---------|---------------|---------------|
| CDBG    | 51,213,000    | 51,284,000    |
| HOME    | 16,616,000    | 16,618,000    |
| ESG     | 1,817,000     | 1,819,000     |
| HOPWA   | 1,577,000     | 1,526,000     |
| TOTAL   | 71,223,000    | 71,247,000    |

In addition to these revenue sources, the City is applying for discretionary grants, particularly for the homeless programs and for public housing improvements. The City also intends to apply for Section 108 Loan Guarantees, Economic Development Initiative Grants, etc as they become available. Also, the City will provide information requested by HUD to maintain active status of the Detroit Development Projects Section 108 Guaranteed Loan application which is used as backup for our Accelerated Demolition Program.

## FEDERAL DEPARTMENT OF ENERGY/OTHER ENERGY PROGRAMS

The City receives Federal Department of Energy Low-Income Home Energy Assistance Program (LIHEAP) funds through the state for fuel assistance payments to low income households.

## FEDERAL HOME LOAN BANK BOARD: AFFORDABLE HOUSING PROGRAM

The City will work with LISC and community organizations to apply for assistance through this program.

## FEDERAL SECTION 202 ELDERLY

This Federal program provides capital advances and operating subsidies for housing and supportive services for low-income elderly persons. Project based Section 8 rental subsidy certificates are included as part of this program. Federal assistance is only provided to nonprofit organizations and consumer cooperatives. Assistance is awarded on a competitive basis.

## FEDERAL SECTION 811 HANDICAPPED

This Federal program provides capital advances and operating subsidies for housing and supportive services for low-income disabled persons. Project based Section 8 rental subsidy certificates are included as part of this program. Federal assistance is only provided to nonprofit organizations and consumer cooperatives. Assistance is awarded on a competitive basis. This program is administered by HUD.

## FEDERAL RENTAL CERTIFICATES

This program provides rent subsidies to owners of housing units occupied by eligible low-income families. In this program, the low-income family must pay 30 percent of its income for rent. The rent subsidy provides funding for the difference between the fair market rent and 30 percent of the family's income.

In Detroit, this program is administered by the Detroit Housing Commission. Detroit Housing Commission hopes to receive about additional Section 8 certificates.

## FEDERAL RENTAL VOUCHERS

This program provides rent subsidies to owners of housing units occupied by eligible low-income families. In this program, the low-income family may pay more than 30 percent of its income for rent. However, the rent subsidy will only provide funding for the difference between the fair market rent and 30 percent of the family's income.

In Detroit, this program is administered by the Detroit Housing Commission. Detroit hopes to receive additional Section 8 vouchers.

## FEDERAL LOW-INCOME HOUSING TAX CREDITS (LIHTC)

MSHDA administers this Federal income tax credit program which can be used to encourage the development of low-income housing. It is anticipated that credits will be available to finance low-income housing in Detroit in 2000-01.

## FEDERAL PUBLIC HOUSING MODERATE REHABILITATION OF OBSOLETE PROPERTIES (MROP).

The Federal government provides funds on a competitive basis to public housing authorities (PHA) for major reconstruction of obsolete public housing. Funds are awarded by criteria based on need and other factors. The Detroit Housing Commission is the PHA for Detroit. The Detroit Housing Commission hopes to receive funding from this program.

## FEDERAL PUBLIC HOUSING DEVELOPMENT

The Federal government provides funds on a competitive basis to public housing authorities (PHA) for the development of new public housing units, i.e., units not currently public housing. New construction and substantial rehabilitation may be undertaken. The Detroit Housing Commission is the PHA for Detroit. The Detroit Housing Commission hopes to receive funding commitments from this program.

## FEDERAL PUBLIC HOUSING COMPREHENSIVE GRANT PROGRAM

The Federal government provides funds to public housing authorities (PHA) for modernization of low-income public housing. Funds are awarded on a formula basis.

## FEDERAL HISTORIC PRESERVATION TAX CREDIT

The City will work with developers and others in the City's historic areas to take advantage of this tax credit program.

## STATE "STRIP-A-WELL" HOME WEATHERIZATION FUNDS

The State of Michigan provides "strip-a-well" funds for home weatherization. These "strip-a-well" funds come from State revenues received as a result of gas and oil well drilling in the State. The City anticipates receiving funds from this program.

## MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY RESOURCES (MSHDA)

The Michigan State Housing Development Authority has a variety of programs which foster affordable housing. The City works closely with MSHDA to promote affordable housing in Detroit. Major MSHDA programs are briefly described below.

### Tax –Exempt Apartments for Michigan Program (TEAM)

Offers low interest loans to for-profit or nonprofit developers for the construction or rehabilitation of rental developments between 50-150 units. Twenty percent of the units are for households with incomes at or below 50 percent of area median income, and another 20 percent at or below 60 percent of median income. Federal HOME funds can be made available for project feasibility.

### Modified Pass Through Program

Offers low interest loans to for-profit or nonprofit developers for new construction or rehabilitation of rental developments with 50-150 units. Loans have to be credit enhanced by a third party and use of the 4 percent housing credit is required. Sixty percent of the units are for households with incomes at or below 60 percent of area median income, or 40 percent at 50 percent of area median income.

### HOME Team Advantage Program

Offers low interest loans to for-profit or nonprofit developers for new construction of family rental developments with 12 to 150 units in rural areas. Ten percent of the units are for households with incomes at or below 30 percent of area median income, 10 percent at 50 percent of median income, and 80 percent at 60 percent of median income. Federal HOME funds are available.

### Taxable Bond Program

Offers loans to for-profit or nonprofit developers for rental developments between 50-150 units. At least 20 percent of the units are for households with incomes at or below 50 percent of the area median income, or 40 percent at 60 percent of median income. The program is designed to be used in conjunction with the federal Low Income Housing Tax Credit (Housing Credit).

### Low Income Housing Tax Credits (Housing Credit)

Administers the federal low income housing tax credit according to a Qualified Allocation Plan. Twenty percent of units must be for households with incomes at or below 50 percent of area median or 40 percent at 60 percent of median income.

#### Property Improvement Program

Offers owners of small-scale affordable rental housing loans to make permanent improvements to their properties. Interest rate is 8 percent. Applications are made through participating lenders and communities.

#### Section 8 Existing Rental Allowance Program

Provides federal rent subsidies to people with incomes at or below 50 percent of county median income, adjusted for family size. Participants find their own housing in private homes and apartment buildings.

#### More Independence Through HOME (MI HOME)

Awards funds to nonprofits for projects that provide rental units for people with disabilities.

#### Contractor Assistance Program (CAP)

In conjunction with First Independence National Bank of Detroit and First of America Bank in Grand Rapids, provides working capital loans of up to \$50,000 to small contractors (with special outreach to female-and minority-owned firms) which have been selected to work on MSHDA rental housing projects. The program also provides training to the participating contractors in the areas of estimating, budgeting, cash management, cost control and financial reporting.

#### Single Family Home Mortgages

Offers low interest mortgage loans available for new and existing houses, certain new and used multiple-section and new single-section mobile homes on permanent foundations, and condominiums. Down payments can be 5 percent or less. Income and purchase price limits apply. Applications are made through participating lenders.

#### Michigan Mortgage Credit Certificates (MCC)

Offers a federal income tax credit that gives homebuyers more income to qualify for a mortgage and make monthly payments. Loan terms and interest rates are set by each lender. Income and purchase price limits apply. Applications are made through participating lenders.

#### HOME Downpayment Assistance Program

Offers up to \$5,000 in a zero-interest loan on FHA-insured first mortgages through the Single Family program. Income and purchase price limits apply. Borrower must contribute 1 percent of the sale price and must complete a homebuyer counseling course. Funds for this program come from the federal HOME program.

#### Acquisition Rehabilitation Mortgages

Offers low interest rate mortgage loans for acquiring and rehabilitating single family homes. Loan rates vary according to household income, and purchase price, including rehab costs, may not exceed \$80,000.

#### Homeownership Counseling Network

Funds nonprofits and university extension staff who provide free counseling for potential MSHDA borrowers. The network helps people understand the process of buying a home, how to evaluate their financial situation, and the importance of a budget and closing documents.

#### Property Improvement Program

Offers interest rates of 1 to 8 percent on loans that can be used to improve homes over 20 years old. In newer homes, the homeowner may add energy conservation improvements, make the home more accessible to a family member with physical disabilities, repair serious hazards to health and safety and repair damage from a declared natural disaster. Income and loan limits apply. Applications are made through participating lenders and communities.

#### Community Development Block Grants (CDBG)

Provides federally funded grants to smaller communities and counties, enabling them to upgrade homes owned by lower income people and carry out other housing activities. Many localities leverage these block grants with MSHDA's property improvement loans. Applications are made through participating communities.

#### Housing Resource Fund

Awards grants to community-based nonprofit housing organizations or local units of government with a population of 5,000 or more, excluding Participating Jurisdictions. Funds are made available by region and may be used for a variety of housing projects.

#### Neighborhood Preservation Program (NPP)

Assists neighborhood groups to become more effective in redeveloping their neighborhoods through a comprehensive evaluation of all their housing needs, and creates partnerships with the private sector, lenders and local and state government to address those needs. Neighborhood-based nonprofits develop a Neighborhood Partnership Plan to improve an Effectively Treatable Area (ETA).

#### Technical Assistance Program

Helps to expand the pool of stable, experienced, and qualified nonprofit housing organizations in Michigan by providing direct technical assistance and conducting training workshops.

#### Homeless Grants Program

Awards federal and MSHDA funds to homeless shelters to expand the supply of housing for the homeless and to pay certain operating expenses.

## MICH-CON HEAT BANK FUNDS

The Michigan Consolidated Gas Company provides funds to the City for fuel assistance payments to low-income households.

## FOUNDATION PROGRAMS:

Several foundations are now or are considering assisting housing development for low-income persons. The following foundations may be sources of such funding:

- Ford Foundation
- Hudson-Weber Foundation
- Lilley Foundation

### **5.3. Activities to be undertaken (TABLE)**

#### **5.3.1. Estimate of families benefitting**

#### **5.3.2. Local objectives and priority needs addressed**

#### **5.3.3. Target dates for completion**

In 2000-01 a wide variety of projects, programs and services will be undertaken to begin implementation of the Consolidated Plan five-year strategy. These projects, programs, and services in the included "Listing of Proposed Project" table. They will be implemented directly and/or indirectly by many agencies including the City of Detroit, non-profits, and private for-profit organizations. Estimates of beneficiaries are given in the "Listing of Proposed Projects" section for each activity.

Target dates for completion of these projects vary with the type of project and the availability of City staff to begin prompt implementation each project.

- Administration and planning activities should begin in the Summer of 2000 and be completed by December 31, 2001.
- Demolition activities should begin in the Summer, 2000 and be completed by Fall, 2001.
- Home repair activities should begin in the Fall, 2000 and be completed by December 31, 2002.
- Public facility rehab activities should begin in the Fall, and be completed by December 31, 2002.
- Public service activities should begin in the Fall, 1999 and be completed by December 31, 2000.

## **5.4. Geographic distribution**

### **5.4.1. Description**

### **5.4.2. Rationale**

The "Listing of Proposed Projects" table indicates the location of the activities proposed in the jurisdiction.

Because of the widespread distribution of need throughout the City, some Consolidated Plan activity is being implemented in all but the affluent areas.

As part of the Empowerment Zone program, the City has made special commitments of funds to this area of great need. In addition, the City has made special commitments of funds to areas with active, effective community organizations and community development corporations in the belief that the local community efforts will increase the effectiveness of City activities in improving neighborhoods.

## **5.5. Homeless and other special needs activities**

### **5.5.1. Emergency shelter and transitional housing**

### **5.5.2. Prevention of homelessness**

### **5.5.3. Transition of homeless to permanent housing and independent living**

### **5.5.4. Special needs of non homeless**

The "Listing of Proposed Projects" table indicates the location of the activities proposed.

Homeless activities and the special needs of the non homeless are also addressed in other sections of this plan.



## **5.6. Other actions - General**

### **5.6.1. Address obstacles to meeting underserved needs**

### **5.6.2. Maintain affordable housing**

### **5.6.3. Remove barriers to affordable housing**

### **5.6.4. Evaluate and reduce lead based paint hazards**

### **5.6.5. Reduce number of poverty level families**

### **5.6.6. Develop institutional structure**

### **5.6.7. Enhance coordination**

Many of the actions to be discussed in this section are discussed in detail in other sections of the plan. Some specific items are presented below.

The major obstacle to meeting underserved needs is lack of adequate funding for Detroit's low income population. The City of Detroit Empowerment Zone program which has generated interest and enthusiasm in the business community addresses some of the obstacles to job development for Detroit residents, particularly those in the Zone. This business interest coupled with the poverty strategies emphasizing job training should improve the job outlook for Detroiters and thus increase incomes.

The restructuring of the City's rehabilitation programs with the technical assistance being received from HUD is improving the delivery of housing rehabilitation to low income residents. However, as stated earlier the new lead-based paint regulations will have a tremendous impact on housing services in the City of Detroit.

The City of Detroit recently implemented two review processes, the Concept Plan Review (CPR) and Site Plan Review (SPR) processes. Both processes began in 1998 and have been well received, they primarily assist those planning to purchase and develop city-owned property.

The CPR process provides coordinated, consistent, and efficient way of analyzing and evaluating proposed developments of City owned land. The SPR process comprehensively evaluates proposals with architectural drawings. Once approved, these proposals may proceed to the construction phase promptly and with a minimum of "red-tape". Both these reviews are available at no charge to the developers.

Customers have included major developers, community based non-profits, faith based non-profits, small businesses, churches, and commercial operations. To date, staff have assisted 141 developers, answered hundreds of phone calls, assisted walk-in customers, conducted several pre-submission and other informational meetings, and recorded them into a database, but exact statistics have not been compiled..

The City of Detroit Planning and Development Department is planning to open a Welcome/Information Center for the citizens of Detroit and developers. The one stop shop will provide information on basic departmental functions and information for the resident looking to buy

an adjacent lot or the developer looking to build a high rise. The facility will be staffed by personnel cross-trained to be knowledgeable of each division within the department.

The Welcome Center staff will have the following materials available to visitors:

- Descriptions of each division and its functions
- Zoning Ordinances
- Detroit Master Plan
- Development Manuals and more.

The center is scheduled to open in the Fall of the year 2000.

#### **5.6.a Lead poisoning prevention and control program**

The Lead Poisoning Prevention and Control Program (LPPCP), administered by the Detroit Health Department, provides comprehensive lead poisoning prevention services to Detroit residents. In addition, the program functions as a lead information resource throughout southeastern Michigan. Screening, community outreach and education, home inspections and environmental management, and medical follow-up are provided to residents of the City of Detroit through this program.

In 1999-00 LPPCP staff screened 22,580 children in affiliation with thirty-two public and private health care providers. An average of eight hundred home inspections are conducted each year, resulting in nearly seven hundred code enforcement notices each year. Approximately four hundred abatements are achieved each year.

The LPPCP operates a Lead Clinic and works with Health Department Public Health Nurses to educate families of children with lead poisoning about prevention and how to reduce the risk of lead poisoning in their home.

In addition to LPPCP activities, the Health Department has developed and is implementing the following collaborative activities to eradicate CLP as a serious public health threat by:

- Establishing a lead advisory committee that meets monthly. The committee has several subcommittees addressing childhood lead poisoning issues.
- Forming partnerships with several local entities. Focusing efforts to close identifiable gaps in service and avoid service duplication.
- Planning to address the population needs that have previously

#### **5.6.b. Detroit lead based paint hazard control project**

The Detroit Lead-Based Paint Hazard Control Project (DLBPHCP), administered by the Detroit Housing Commission, provides lead based paint poisoning prevention information, education, hazard identification, and hazard removal in private priority housing citywide.

The LPPCP will be assisted in this project by the Planning and Development Department, Community and Industrial Hygiene Division, and Building and Safety Engineering Department and the Southeast Michigan Coalition on Safety and Health (SEMCOSH). The DHC has included labor unions, contractors, and home repair non-profit organizations as collaborators in the development of a lead evaluation and reduction plan for privately owned low to moderate income housing for this jurisdiction.

Sub-grants to reduce lead hazards may be offered to qualifying home and property owners whose property houses a child identified with lead poisoning. In addition to lead-based paint, dust and soil hazards will also be addressed in the homes of these sub-grantees.

The DLBPHCP has developed an educational course on lead poisoning issues for non-profit organizations, housing rehabilitation staff, property owners, and recipients of grants and services provided through the Project.

The other activities of the DLBPHCP include public education hands on workshops city-wide, lead hazard control through in-place management, interim controls, and replacement, coalition building and advocacy for lead poisoning prevention funding and activity on a regional level.

#### **5.6.c. Fair Housing**

The City has updated its Analysis of Impediments to Fair Housing. The City will continue to promote fair housing based on its existing plan which provides assistance for home repair and rehabilitation and new housing construction. Consultants will be used to assist the City in its fair housing efforts.

#### **5.7. Other actions - Public housing**

##### **5.7.1. Foster public housing improvements and resident initiatives**

##### **5.7.2. Reference annual revisions of Comprehensive Grant program plan**

##### **5.7.3. Plan to assist public housing agency**

The Detroit Housing Commission will continue with the reconstruction of Jeffries and Herman Gardens public housing projects. It will also to implement plans to sell scattered site homes to public housing residents.

The City also intends to continue resident initiative activities including YouthBuild, pre-apprenticeship, lobby monitoring and landscaping job programs for public housing residents.

The Commission will continue to improve its administrative structure and to hire and train the staff necessary to effectively manage its public housing programs.

In addition to activities undertaken at public housing sites, the City intends to improve neighborhoods, public facilities, and public services around public housing sites. CDBG, HOME and, other funds will be used for this purpose. Of particular note are the U-SNAP-BAC new housing project being constructed near Parkside Homes, and the Core City Neighborhoods and Cass Corridor Neighborhood Development Corporation projects near Jeffries Homes.

## **5.8. Program specific requirements**

### **5.8.1. CDBG**

### **5.8.2. HOME**

The program requirements and certifications for the CDBG and HOME programs are presented in the Table 3 and Certifications Sections of this document.

Of the 2000-01 CDBG funds allocated, it is anticipated that 94 percent of CDBG funds will benefit low and moderate income persons.

Guidelines for resale and recapture of HOME funds used for home buyer assistance are:

The initial home buyer may sell the property during the term of affordability provided that,

- the property is resold at a price which ensures that the owner will receive a fair return on investment and ensures that either the property will remain affordable to a reasonable range of low income buyers, or
- the recapture of HOME assistance will be used to invest in another first time homebuyer units, or
- the initial homebuyer repays the outstanding HOME subsidy at the time of resale.

Full recapture will not be required in the case of a resale with no net proceeds or insufficient net proceeds to fully repay the subsidy.

The terms of affordability is ended if the HOME subsidy is repaid in whole or in part.

## **6. CERTIFICATIONS**

### **6.1. General**

### **6.2. Community Development Block Grant-CDBG**

### **6.3. HOME**

### **6.4. Emergency Shelter Grant Program-ESG**

### **6.5. Housing Opportunities For Persons With AIDS-HOPWA**

### **6.6 Appendix to Certifications**

## **CERTIFICATIONS**

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, the jurisdiction certifies that:

**Affirmatively Further Fair Housing --** The jurisdiction will affirmatively further fair housing, which means it will conduct an analysis of impediments to fair housing choice within the jurisdiction, take appropriate actions to overcome the effects of any impediments identified through that analysis, and maintain records reflecting that analysis and actions in this regard.

**Anti-displacement and Relocation Plan --** It will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and implementing regulations at 49 CFR 24; and it has in effect and is following a residential anti-displacement and relocation assistance plan required under section 104(d) of the Housing and Community Development Act of 1974, as amended, in connection with any activity assisted with funding under the CDBG or HOME programs.

**Drug Free Workplace --** It will or will continue to provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about -
  - (a) The dangers of drug abuse in the workplace;
  - (b) The grantee's policy of maintaining a drug-free workplace;
  - (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1;
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will -
  - (a) Abide by the terms of the statement; and

(b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 4(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted -

(a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, 5 and 6.

**Anti-Lobbying --** To the best of the jurisdiction's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
3. It will require that the language of paragraph 1 and 2 of this anti-lobbying certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

**Authority of Jurisdiction --** The consolidated plan is authorized under State and local law (as applicable) and the jurisdiction possesses the legal authority to carry out the programs for which it is seeking funding, in accordance with applicable HUD regulations.

**Consistency with plan --** The housing activities to be undertaken with CDBG, HOME, ESG, and HOPWA funds are consistent with the strategic plan.

**Section 3 --** It will comply with section 3 of the Housing and Urban Development Act of 1968, and implementing regulations at 24 CFR Part 135.

\_\_\_\_\_  
Signature/Authorized Official                      Date

Dennis W. Archer, Mayor  
Title



## Specific CDBG Certifications

The Entitlement Community certifies that:

**Citizen Participation --** It is in full compliance and following a detailed citizen participation plan that satisfies the requirements of 24 CFR 91.105.

**Community Development Plan --** Its consolidated housing and community development plan identifies community development and housing needs and specifies both short-term and long-term community development objectives that provide decent housing, expand economic opportunities primarily for persons of low and moderate income. (See CFR 24 570.2 and CFR 24 part 570)

**Following a Plan --** It is following a current consolidated plan (or Comprehensive Housing Affordability Strategy) that has been approved by HUD.

**Use of Funds --** It has complied with the following criteria:

1. Maximum Feasible Priority. With respect to activities expected to be assisted with CDBG funds, it certifies that it has developed its Action Plan so as to give maximum feasible priority to activities which benefit low and moderate income families or aid in the prevention or elimination of slums or blight. The Action Plan may also include activities which the grantee certifies are designed to meet other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available);
2. Overall Benefit. The aggregate use of CDBG funds including section 108 guaranteed loans during program year(s) 2000, 2001, and 2002 (a period specified by the grantee consisting of one, two, or three specific consecutive program years), shall principally benefit persons of low and moderate income in a manner that ensures that at least 70 percent of the amount is expended for activities that benefit such persons during the designated period;
3. Special Assessments. It will not attempt to recover any capital costs of public improvements assisted with CDBG funds including Section 108 loan guaranteed funds by assessing any amount against properties owned and occupied by persons of low and moderate income, including any fee charged or assessment made as a condition of obtaining access to such public improvements.

However, if CDBG funds are used to pay the proportion of a fee or assessment that relates to the capital costs of public improvements (assisted in part with CDBG funds) financed from other revenue sources, an assessment or charge may be made against the property with respect to the public improvements financed by a source other than CDBG funds.

The jurisdiction will not attempt to recover any capital costs of public improvements assisted with CDBG funds, including Section 108, unless CDBG funds are used to pay the proportion of fee or assessment attributable to the capital costs of public improvements financed from other revenue sources. In this case, an assessment or charge may be made against the property with respect to the public improvements financed by a source other than CDBG funds. Also, in the case of properties owned and occupied by moderate-income (not low-income) families, an assessment or charge may

be made against the property for public improvements financed by a source other than CDBG funds if the jurisdiction certifies that it lacks CDBG funds to cover the assessment.

**Excessive Force --** It has adopted and is enforcing:

1. A policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in non-violent civil rights demonstrations; and
2. A policy of enforcing applicable State and local laws against physically barring entrance to or exit from a facility or location which is the subject of such non-violent civil rights demonstrations within its jurisdiction;

**Compliance With Anti-discrimination laws --** The grant will be conducted and administered in conformity with title VI of the Civil Rights Act of 1964 (42 USC 2000d), the Fair Housing Act (42 USC 3601-3619), and implementing regulations.

**Lead-Based Paint --** Its notification, inspection, testing and abatement procedures concerning lead-based paint will comply with the requirements of 24 CFR §570.608;

**Compliance with Laws --** It will comply with applicable laws.

\_\_\_\_\_  
Signature/Authorized Official                      Date

Dennis W. Archer, Mayor  
Title

## Specific HOME Certifications

The HOME participating jurisdiction certifies that:

**Tenant Based Rental Assistance** -- If the participating jurisdiction intends to provide tenant-based rental assistance:

The use of HOME funds for tenant-based rental assistance is an essential element of the participating jurisdiction's consolidated plan for expanding the supply, affordability, and availability of decent, safe, sanitary, and affordable housing.

**Eligible Activities and Costs** -- it is using and will use HOME funds for eligible activities and costs, as described in 24 CFR § 92.205 through 92.209 and that it is not using and will not use HOME funds for prohibited activities, as described in § 92.214.

**Appropriate Financial Assistance** -- before committing any funds to a project, it will evaluate the project in accordance with the guidelines that it adopts for this purpose and will not invest any more HOME funds in combination with other Federal assistance than is necessary to provide affordable housing;

\_\_\_\_\_  
Signature/Authorized Official                      Date

Dennis W. Archer, Mayor  
Title

## ESG Certifications

The Emergency Shelter Grantee certifies that:

**Major rehabilitation/conversion** -- It will maintain any building for which assistance is used under the ESG program as a shelter for homeless individuals and families for at least 10 years. If the jurisdiction plans to use funds for purposes less than tenant-based rental assistance, the applicant will maintain any building for which assistance is used under the ESG program as a shelter for homeless individuals and families for at least 3 years.

**Essential Services** -- It will provide services or shelter to homeless individuals and families for the period during which the ESG assistance is provided, without regard to a particular site or structure as long as the same general population is served.

**Renovation** -- Any renovation carried out with ESG assistance shall be sufficient to ensure that the building involved is safe and sanitary.

**Supportive Services** -- It will assist homeless individuals in obtaining appropriate supportive services, including permanent housing, medical and mental health treatment, counseling, supervision, and other services essential for achieving independent living, and other Federal State, local, and private assistance.

**Matching Funds** -- It will obtain matching amounts required under §576.71 of this title.

**Confidentiality** -- It will develop and implement procedures to ensure the confidentiality of records pertaining to any individual provided family violence prevention or treatment services under any project assisted under the ESG program, including protection against the release of the address or location of any family violence shelter project except with the written authorization of the person responsible for the operation of that shelter.

**Homeless Persons Involvement** -- To the maximum extent practicable, it will involve, through employment, volunteer services, or otherwise, homeless individuals and families in constructing, renovating, maintaining, operating facilities, and providing services assisted through this program.

**Consolidated Plan** -- It is following a current HUD-approved Consolidated Plan or CHAS.

\_\_\_\_\_  
Signature/Authorized Official \_\_\_\_\_ Date

Dennis W. Archer, Mayor  
Title

## HOPWA Certifications

The HOPWA grantee certifies that:

**Activities** -- Activities funded under the program will meet urgent needs that are not being met by available public and private sources.

**Building** -- Any building or structure assisted under that program shall be operated for the purpose specified in the plan:

1. For at least 10 years in the case of assistance involving new construction, substantial rehabilitation, or acquisition of a facility,
2. For at least 3 years in the case of assistance involving non-substantial rehabilitation or repair of a building or structure.

\_\_\_\_\_  
Signature/Authorized Official      Date

Dennis W. Archer, Mayor  
Title

## APPENDIX TO CERTIFICATIONS

### INSTRUCTIONS CONCERNING LOBBYING AND DRUG-FREE WORKPLACE REQUIREMENTS:

#### A. Lobbying Certification

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### B. Drug-Free Workplace Certification

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification.
2. The certification is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, HUD, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplaces(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
4. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio stations).
5. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph three).
6. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant: Place of performance (Street address, city, county, state, zip code)

City of Detroit offices, City County Building, 2 Woodward Ave., Detroit, Wayne County, Michigan, 48226

Detroit Planning and Development Department, 2300 Cadillac Tower, Detroit, Wayne County, Michigan, 48226

Detroit City Engineering Department offices, 65 Cadillac Square, Detroit, Wayne County, Michigan, 48226

Detroit Public Works Department, Davison Yard, 8221 West Davison, Detroit, Wayne County, Michigan, 48238

Detroit Recreation Department offices, 65 Cadillac Square, Detroit, Wayne County, Michigan, 48238

Detroit Election Commission offices, 2978 West Grand Boulevard Detroit, Wayne, County, Michigan, 48226

Note: Some employees, such as inspectors and building demolition crews, work for short periods at various sites throughout the City. For such employees, locations shown are offices from which they work.

Check X if there are workplaces on file that are not identified here;

The certification with regard to the drug-free workplace required by 24 CFR part 24, subpart F.

7. Definitions of terms in the Non-procurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

"Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C.812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

"Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

"Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All "direct charge" employees; (ii) all "indirect charge" employees unless their impact or involvement is insignificant to the performance of the grant; and (iii) temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

## 7.MONITORING

### Description of procedures

#### 7.2. Description of standards

The HUD Consolidated Plan monitoring system consists of monitoring the activities contained in the one-year action plan to insure that activities are carried out properly and in a timely manner. The system also includes monitoring the housing needs situation to evaluate the affect of the plan's strategy, programs, and plans on these housing needs. The City recognizes that it is possible to succeed in carrying out the program, and still see the housing situation get worse.

Since so many independent agencies, public and private, are involved in housing and in housing support services, it is not feasible to have a highly structured, formalized monitoring system. In this complex system, monitoring must, of necessity, involve the cooperation of many organizations and review of events, particularly legislation and program funding, taking place on the national, State, and local level.

The Detroit Planning and Development Department (PDD) will be responsible for monitoring the plan performance in conformance with Federal monitoring requirements.

PDD staff receives and review payment documents, and performance reports for CDBG, HOME, ESG, and HOPWA projects. PDD staff conducts periodic on site monitoring visits to sub-grantees.

The Detroit City Planning Commission also receives information from subgrantees and conducts on site visits. The CPC has contracted with Wayne State University to assist in obtaining output information and in evaluating CDBG projects.

Monitoring mechanisms will include the periodic MSHDA/Detroit meeting which reviews projects underway or proposed; LISC, which expedites and coordinates the efforts of nonprofits, private groups and government in providing affordable housing.

The Planning and Development Department will use these mechanisms and will develop other coordinating mechanisms including periodic contacts with the various agencies involved to insure that the CHAS is implemented in a timely and efficient manner.

Since many of the individual programs, projects and services have specific reporting and auditing requirements, the Planning Department and Development Department will use these monitoring devices as part of its overall monitoring effort.

The Planning and Development Department also maintains social and economic data, and participates with other organizations including the Michigan Data Center, in the collection of data related to housing needs.



## 8. CONSOLIDATED PLAN PROCESS/CITIZEN PARTICIPATION

The HUD Consolidated Plan was prepared in accordance with a citizen participation plan. This plan was revised with the publication January 5, 1995 of the HUD Consolidated Plan regulations. It is amended annually with a new processing schedule.

### PREPARATION OF THE DRAFT 2000-01 HUD CONSOLIDATED PLAN

To obtain input into the Consolidated Plan, the Planning and Development Department held four public meetings at the times and locations given below:

9/13/00 12:30 PM Considine Recreation Center

9/13/00 6:00 PM Christ United Methodist Church

2/3/00 1:00 PM LASED Senior Center

2/3/00 6:30 PM Brightmoor Community Center

These meetings were designed to provide information regarding the HUD Consolidated Plan and the planning process, and to receive comments and opinions regarding housing and community development needs, objectives and priorities.

Input from citizens attending the meeting was obtained using a data collection instrument. The information showed that 45 of 117 people attending the four meetings filled out a form. Their comments regarding needs of the City of Detroit are shown below:

#### Needs of the City of Detroit:

|                       |    |
|-----------------------|----|
| Home Repair           | 32 |
| Public Service        | 34 |
| Public Facility Rehab | 1  |
| Other                 | 27 |

Some of the public service needs identified by citizens indicate a need for specific services such as health, computer training, employment training, home maintenance training, crime awareness/prevention, senior/disabled support services, computer/internet access centers and child care. Needs identified in the "other" needs category included development needs such as sidewalk improvements, attracting businesses to neighborhoods and providing affordable housing.

Most of the people responding to the citizen participation process section of the data collection instrument were satisfied with the process. However, comments regarding the process were generally that outreach to citizens should be extended beyond advertising in the newspaper and citizens should be involved in the process to a greater extent. Responses to the proposal process were mainly positive. Comments on this process ranged from tying the award to the ability to run a program versus how well you fill out a proposal to streamlining and simplifying the proposal. Comments on the allocation process were also generally positive. Comments indicated that groups submitting proposals wanted

to be notified whether they received an award or not and some wanted money targeted to specific geographic areas. Comments on the contracting process indicate satisfaction, however, comments from the group at large and on the form indicate some problem areas. For example, comments touched on streamlining the process, holding the City accountable for quickly processing contracts, and allowing multi-year funding.

In addition to the hearings, the Planning and Development Department consulted with other agencies regarding the HUD Consolidated Plan and its contents. These consultations were held directly in meetings including Planning and Development Department staff and indirectly using city agency staff responsible for the various elements of the plan. In addition to these meetings we also conducted consultations by telephone and also received comments via mail and e-mail.

Some of the groups contacted are listed below:

Adult Well Being Services  
Citizens for Better Care  
Detroit Area Agency on Aging  
Coalition On Temporary Shelters (COTS)  
Family Independence Agency (FIA)  
Detroit Department of Health--Bureau of Substance Abuse  
Detroit Department of Health--Housing Opportunities for Persons With AIDS (HOPWA)Program  
Dominican Literacy Center  
Great Lakes Center for Independent Living  
Literacy Volunteers of America  
Meditation Outreach to the Blind  
Detroit Department of Human Services--Homeless Programs  
Detroit Department of Human Services--Head Start Program  
Detroit Senior Citizens Department  
Detroit Recreation Department  
Louella Hannan Memorial Foundation  
Detroit Planning and Development Department Divisions (Planning, Development, Housing Services, Neighborhood Development)  
Detroit Buildings and Safety Engineering  
Detroit Youth Department  
Detroit Police Department  
Wayne County Community Mental Health  
Save Our Spirit  
Detroit Transportation Department  
Employment and Training Department  
Detroit Housing Commission  
Simon House  
Wayne County Human Services Coordinating Body  
Homeless Action Network (representative)  
Women's Justice Center  
Interim House  
Southeastern Michigan HIV/AIDS Council (SEMHAC)  
Michigan State Housing Development Authority (MSHDA)

In addition, we researched various reports and periodicals within the following issue areas.

Housing  
Affordable Housing  
Elderly  
Disabled  
Youth  
Developers  
Fair Housing  
Substance Abuse

The chronology of major activities in preparing the Draft HUD Consolidated Plan is presented below:

|             |  |
|-------------|--|
| 9/99        | Preparation and distribution of CDBG/NOF information package and proposal form. Announcement in the newspaper of the availability of the information package and proposal form and the deadline for submission of 2000-01 CDBG/NOF proposals.                        |
| 9/99-10/99  | City Planning Commission workshops on the preparation of 2000-01 CDBG/NOF proposals.   |
| 9/99-11/99  | Preparation and submission of proposals by community groups.   |
| 11/5/99     | Deadline for submission of community group project proposals for consideration for funding from the 2000-01 CDBG/NOF.  |
| 12/99-3/00  | Review and evaluation of CDBG/NOF proposals and preparation of the draft revised Consolidated Plan.  |
| 12/99-4/00  | Consolidated Plan consultation meetings with City and non-City agencies  |
| 1/00-2/00   | Public Hearings on the HUD Consolidated Plan   |
| 1/00-6/00   | Preparation of Draft 2000-01 HUD Consolidated Plan   |
| 4/5/00      | Summary of Draft 2000-01 HUD Consolidated Plan projects published in the Michigan Chronicle.   |
| 4/10/00     | City Council Public Hearing on the Neighborhood Opportunity Fund (NOF)   |
| 5/10-6/9/00 | Review period for the draft 2000-01 HUD Consolidated Plan<br><br>The formal public review period for the HUD Consolidated Plan was from 5/10/00 to 6/9/00. During this review period the Planning and Development Department held a public hearing on the draft plan |
| 6/28/00     | City Council authorized submitting the Consolidated Plan to HUD  |

In addition to testimony received at the public hearings, written materials were received by mail. A summary of the final hearing, with a City response is presented below.

## SUMMARY OF INFORMATION AND OBJECTIONS TO THE DRAFT PLAN

During the April 10, 2000 City Council hearing over 100 organizations made a plea for funding or increased funding based upon activities listed in the 2000-2001 draft Action Plan. The City responded by adding 115 groups that were not included in the draft plan. The City increased funding for 64 projects, decreased funding for 55 projects, and eliminated 51 projects. The City ended up with 312 CDBG/NOF projects. During this hearing some organizations objected to the criteria used to eliminate proposals. However, the City did not fund proposals failing to meet the criteria.

The Planning and Development Department held its final hearing on May 31, 2000. This hearing was to receive comments on the Draft HUD Consolidated Plan. During this hearing questions were raised regarding lead poisoning in Detroit's children. It was explained that the City had already responded to the lead poisoning problem by increasing funding for lead abatement activities and also created an ordinance prioritizing home repair applications for homes with lead poisoned children.

## **9. MAPS**

- Detroit Subsidized Housing Projects - 1990 Poverty Tracts,
- Housing Units Median Value - 1990
- Median Gross Rent - 1990
- Percent 1990 HUD Low-Moderate Income, 1990 Census Tracts
- Percent Minority - 1990 Census Tracts
- Percent Owner Occupied Housing Units - 1990
- Percent Renter Occupied Housing Units - 1990
- Percent in Poverty, 1990 Census Tracts
- Year Built

**\*\* INSERT MAPS**

## **10. CONSOLIDATED PLAN TABLES**

Table 1: Homeless Populations and Subpopulations

Table 2: Priority Needs Summary Tables

Table 3: Listing of Proposed Projects

**\*\* INSERT TABLES**



## NOTES: TABLE 2: PRIORITY NEEDS SUMMARY TABLE

Information in this table reflects estimates of community development needs limited by an optimistic but not unreasonable expectation that funding and other resources will be available for addressing the needs. Information in this table does not indicate total need based on some concept of a standard or desirable level income, public facilities and amenities, and public service.

Information in this table is based primarily on the City's most recent Capital Agenda, the Empowerment Zone plan as described in the Empowerment Zone application, and on five year projections of City budget and Consolidated Plan grant revenues, assuming the same levels of funding as anticipated for 2000-01 for the City budget and for 2000-01 for the Consolidated Plan grant revenues.

Generous rounding of anticipated revenues was used.

Information on the "estimated units" and "goals" to address" columns of the Priority Housing Needs and Priority Homeless Needs section of this table were obtained by projecting 2000-01 Consolidated Plan allocations over the five year period.

For capital expenditures, information on the Priority Community Development Needs sections of this table was based on information contained in the City's Capital Agenda and Empowerment Zone application, and on projections of 2000-01 Consolidated Plan allocations.

For public service needs, information was obtained by projecting public services in the 2000-01 Consolidated Plan and Empowerment Zone application, and by projecting information included in the City's 2000-01 Budget for City departments involved in activities related to community development. Thus, public service community development needs include projections of 2000-01 City budget funding for the Employment and Training, Health, Human Services, Recreation, and Senior Citizen departments.

Projections for non-community development related services by the Police, Fire, Transportation, etc. departments are not included in the estimates of public service needs. However, revenues related to crime, transportation, and other activities included in the Empowerment Zone application are included in the estimates of dollars needed on this table.

Classification of revenues varies by the source of the estimate, and many activities have multiple objectives and thus fall into multiple classifications. For example, many health activities are directed toward youth, handicapped, and the elderly, but are shown in the priorities table as health rather than as youth, handicapped or elderly services. Similarly, recreation activities are classified under other public services, but may in fact be used primarily by youth and the elderly.

Note that solid waste disposal improvements are shown under other infrastructure improvement needs because the information available did not separate waste disposal activities from other activities of the Detroit Department of Public Works.

Note that flood drain improvements are included with sewer improvements because the information available did not separate the flood drains from sewer improvements.

Note asbestos removal and accessibility needs not indicated because their costs are not easily separated from other infrastructure, housing, economic development etc. activities.

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6/30/2000